|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator:** |  | **P.I.’s email :** |  |
| **Phone # :** |  | **Dept. # :** |  |
| **Fax # :** |  | **Box # :** |  |

Brief Study name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRB # (HRPO) Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patients will be: **Identified**  **De-Identified (CODED Names)**

Lab Department will provide specifications for coded names

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding: Industry  Federal

Clinical Research Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #:\_\_\_\_\_\_\_\_\_\_\_\_

Beeper #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Box #:\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Call lab test *alerts* to:** PI  or Coordinator  **Send lab requisitions to**: PI  or Coordinator

Estimated Start Date: \_\_\_\_\_\_\_\_\_\_ Est. End Date: \_\_\_\_\_\_\_\_\_\_ Est. # of Subjects: \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Tests Involved** | **Expected Number of Tests/Frequency**  (e.g., monthly) | **Time/Day Samples Will Be Delivered to Lab** |
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**Special handling** (ex. sample storage, dry ice, spine & freeze). Please submit a copy of the detailed protocol.

**ALL lab results will be sent paperless via Clinical Desktop**

IMPORTANT INFORMATION:

1. Preprinted requisitions for lab will be provided.
2. Research lab results will appear on the BJC computer along with labs ordered for clinical care.
3. Research lab tests are done as routines. Any other special handling must be prearranged.