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**Research Study Setup Request Form**

**Complete this form and e-mail to** **LabSRSS@urmc.rochester.edu**

**Allow 10-14 business days to complete routine study set-up.**

**Complex projects may require additional study setup lead time. Incomplete information will delay the study setup process.**

**Need help? Call (585) 758-0525**

**Requester name:** **Date requested:**

**Department**:        **Protocol #:**

**Phone number:** **Full Study Name:**

**Intra-mural Mail Box:**

**FAX:**

**Email:       Study Sponsor:**

1. **Contact information:**

Principal Investigator:       Title:      Department:           Phone:      Email:

Study Coordinator:       Department:            Phone:       Email:

Billing Contact:       Department:            Phone:       Email:

Other:      Department:            Phone:       Email:

1. **Billing Information: All information must be accurate and complete in order to comply with Workday**
* Account Number for lab work MUST include all of the following:
	+ **Company**: CM # (3 digits)
	+ **Ledger account**: 65300
	+ **FAO/Grant**: (2 letters, 6 digits)
	+ **Spend category**:

Is this a federally funded study? [ ]  YES (SC48500) [ ]  NO (SC48450)

* Account Number Expiration Date:      /    /
1. **Study Size, Duration, Patient Demographics:**
	1. Is this one of many sites participating in a larger multicenter study? [ ]  Yes [ ]  No
	2. First expected visit date:               Expected study duration:
	3. Subjects: [ ]  Human; Age and Gender:          [ ]  Animal
	4. Number of Subjects:          # Lab visits per subject:
2. **Reporting Requirements:**
	1. Preferred report delivery method (check one)

[ ]  FAX FAX Number:

[ ]  Intramural Mail Intramural Box#:

[ ]  Networked Printer Make/Model:

 IP Address:

 Printer Room#:

[ ]  None (will retrieve through e-record)

* If patient name and MRN is used patient may need to be opted out of e-record to prevent my chart access of lab results.
	1. The report should be delivered to the attention of:
	2. How will samples be labeled: [ ]  Subject name, MRN

 [ ]  De-identified, subject ID

* If de-identified, provide the subject ID format (e.g. last name: study name, first name: 3 digit code)
* *Note: Only lab orders under patient names will appear in eRecord*
1. **Lab Services - Please check all that apply:**

[ ]  Phlebotomy (complete section F)

 [ ]  Point of Care (complete section G)

[ ]  Sample analysis at UR Medicine Lab (complete section I)

[ ]  Microbiology (complete section I)

[ ]  Anatomic Pathology (complete the Anatomic Pathology Addendumform**)**

[ ]  Other:

1. **Phlebotomy**

Will you use the UR Medicine Labs’ Patient Service Centers to draw blood? [ ]  Yes [ ]  No

* + - If yes, indicate Patient Service Centers that will be utilized:
		- Will the study sponsor provide kits? [ ]  Yes [ ]  No
		- Will you need URMC to provide any supplies? [ ]  Yes [ ]  No
			* If yes, list all supplies needed:
		- Special instructions for phlebotomy staff : [ ]  Yes [ ]  No
			* Please provide detailed instructions:
1. **Point of Care (POC) Testing**

Are you doing any Point of Care Testing for this study (e.g. urine pregnancy)? [ ]  Yes [ ]  No

* + - If yes, please list POC test names :
		- Is the study sponsor providing POC testing supplies? [ ]  Yes [ ]  No
		- If yes, please list test kit names :
		- Do you currently perform any POC testing in your area for other studies?

[ ]  Yes [ ]  No

1. **Specimen Storage**

**Unless otherwise specified, all samples analyzed at UR Medicine Labs will be stored according to normal lab practices depending on what tests are ordered and discarded after several days. For more information call Clinical Trials at 585-758-0525.**

After analysis, is Short Term Specimen Storage Required: (Less than 1 week) [ ]  Yes [ ]  No

* + If yes, indicate required storage temperature(s):

[ ]  -20° Freezer [ ]  Ambient

[ ]  -80° Freezer [ ]  Other requirements:

[ ]  Refrigerator [ ]  Special specimen storage request

1. **Test Menu** (List all tests that will be tested and reported by URMC labs)

**Be Specific:**  If unsure, refer to the UR Medicine Labs Test index: <https://www.testmenu.com/rochester>

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1. **Lab Requisitions**
	* Requisition proof approver name and email:
	* The approved requisition will be sent to you as a pdf

**If your study requires additional lab services that are not listed on this form,**

 **please call 585-758-0525 at the time you submit this form to discuss.**

(rev. 21Feb2017)