

## Clinical Laboratory Research Study Setup Request

Revised 02/12/06

Send completed request form via email to "Lab Services Outreach" which can be found on the URMIC global address list in Outlook

**Requester name:**

**Title:**

**Phone number:**

**Date requested:**

*All fields are required for processing your request  
Allow 5-7 business days for routine studies*

### 1. Study name and investigator Information

- Research Study Name:
- Principle Investigator: Title:
- Study Coordinator's full name: Title:
- Address and Phone Number:

### 2. Billing Information

- Account number to have lab work charged to: (include the 4 digit sub code)
- Account Number expiration date:
- Person to receive bill:
- If different from coordinator, then provide address and phone number:

### 3. Study Size, Duration, Reporting Requirements:

- How many patients are enrolled in this study?
- How long will this study last? Start Date:
- Are specimens from human or animal subjects?
- Is this a Blinded Study? \*
- If Blinded Study or animal subjects, what is the Specimen ID Code?
- Who do you want the reports to go to? Physicians Name:
- Do you want them to print on a network printer in your department? Please provide room #
- If yes, indicate the IP address, make & model of printer:

*\* If study is not blinded, results will appear in CIS*

### 4. Phlebotomy and Point of Care Testing

- Is your area going to draw the study patients?
- If no, indicate Patient Service Centers that will be utilized:
- Are you doing any Point of Care Testing?
- If yes, please list POC test names :

## 5. Test Menu

- List Test Menu, be specific  
*(For example, request Hepatitis A Ab IgG, not Hepatitis A)*
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## 6. Lab Requisitions

- Special Requests to be noted on custom requisition:
- Number of requisitions needed?
- Choose a Color (Ivory, Light Blue, Pink, Lavender):
- Specify individual to approve requisition proof:

## 7. Specimen Storage, Processing, Packaging

- Short Term Specimen Storage: Less than 1 Week
- Check -20\* Freezer                      -70\* Freezer                      Refrigerator
- **Other storage requirements (describe in detail):**
- Special Processing and packaging (describe in detail):

## 8. Other special study requirements (describe in detail):

**For internal Outreach use and additional notes:**

Specify Last Name/First Name SOFT logging convention for blinded studies:

Requisition complete and approved:

Billing RFC submitted and processed:

SOFT RFC submitted and processed:

SMS and impacted lab section(s) notified: