**YALE-NEW HAVEN HOSPITAL CLINICAL LABORATORIES USE OF EXCESS CLINICAL SAMPLES FOR RESEARCH**

# Requester Information [all sections must be completed]

Principal Investigator (Print): Date of Request: / /

Department: Campus Address:

Telephone:

Email Address:

# HIC#

**Copy of approved HIC protocol must accompany this form**

1. **Sample Selection Criteria**

Identify the sample type/codes/information/criteria for selecting samples or patients [there may be a lab processing charge].

# Research on discarded/excess pathologic material to be performed on [check one of the following]:

**de-identified laboratory samples, i.e. without unique patient or sample identifiers, or codes.**

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**laboratory samples with unique patient or sample identifiers or codes, all of which will subsequently be**

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**de-identified such that patients are not required to sign informed consent for research use of their samples or information.**

**laboratory samples for which signed informed consent is required for patient samples and information to be used.**

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Return this ***signed*** form and the approved HIC protocol to the Laboratory Medicine Research Coordinator [sijaun.thompson@ynhh.org](mailto:sijaun.thompson@ynhh.org)

I accept full responsibility for the appropriate handling, storage, and disposal of the samples and information provided to me as a result of this data request. I attest that I will only release this information to other investigators approved on this HIC protocol, will only use this information for the scope of the approved protocol, and neither I nor any other investigator will use this information, alone or in combination with other information, to attempt to obtain information not approved by the terms of the research protocol

***Signature of Principal Investigator***

Version May 2022