**YALE-NEW HAVEN HOSPITAL CLINICAL LABORATORIES**

**REQUEST FOR LABORATORY SERVICES FOR NON-HUMAN RESEARCH**

**NON-HUMAN SAMPLES** (PRIMATE SAMPLES NOT ACCEPTED)

Before beginning research protocols involving tests or samples from the clinical laboratories, the investigator must submit this form to the Research Coordinator in the Department of Laboratory Medicine to determine if the request is feasible and what costs may be incurred. Research samples will not be accepted or spun, or research results released, until (1) the [HIC OnCore account](https://oncore.yale.edu) is in place and (2) the study has been approved by Lab Medicine. **Allow 3-4 weeks for approval and pricing once all forms have been submitted.**

**PLEASE EMAIL COMPLETED FORM TO** sijaun.thompson@ynhh.org **OR FAX TO 688-5562**

Project/request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Campus mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or Beeper \_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing instructions: COA#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (requires Lab Medicine approval): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT DESCRIPTION**

Duration (start and end dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tests/ service requested (or see attached) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample types (e.g, blood, urine, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Animal (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

Total No. samples:\_\_\_\_\_\_\_\_\_\_\_\_\_ Total No. Tests:\_\_\_\_\_\_\_\_\_\_ Frequency of testing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special handling/ delivery requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Processing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Pre-spun ( ) Batch tested; Typical sample volume provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result reporting: ( ) Report mailed ( ) Report picked up in lab

Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REQUEST FOR LABORATORY TESTING AT RESEARCH RATES**

Please list specific tests for which research pricing is requested\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Tests not listed will be charged at the hospital List Price. Note: No discount is available for Send-out tests.

Form completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

For Laboratory Medicine Office Use Only:

***Dept. Laboratory Medicine Research Coordinator*** Date Form Rec’d:\_\_\_\_\_\_\_\_\_\_\_\_

Copy forwarded to the following Laboratories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date forwarded:\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date forwarded:\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date forwarded:\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date forwarded:\_\_\_\_\_\_\_\_\_\_\_\_

***Laboratory assessment*** *(Specify Lab ):* Date form received:

Project feasible: ( ) Yes ( ) No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work compared to testing routine clinical samples: ( ) Less ( ) Same ( ) More

Comments:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Lab Mgr notified researcher a) if not feasible, or b) if no discount needed: Initials:

Date Lab Mgr returned form to Research Coordinator if research pricing requested:

***Research Pricing:***

Date forwarded to Lab Administration for pricing: \_\_\_\_\_\_\_\_\_\_\_ Date researcher notified of pricing:\_\_\_\_\_\_\_\_\_\_\_\_