**YALE-NEW HAVEN HOSPITAL CLINICAL LABORATORIES**

**REQUEST FOR LABORATORY SERVICES OR SPECIMENS FOR HUMAN SUBJECTS**

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 is in place, (2) documentation of HIC and HIPAA approvals have been provided, and (3) the study has been approved by Lab Medicine.** **Allow 3-4 weeks for approval and pricing once forms have been submitted.**

**NOTE: Critical value reporting does not apply to research protocols. For results used for direct patient care that will need to be called to the physician, please order patients’ tests through normal patient care protocols.**

**PLEASE EMAIL COMPLETED FORM TO** [**Sijaun.Thompson@YNHH.ORG**](mailto:Sijaun.Thompson@YNHH.ORG)

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

HIC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NOTE: PROVIDE COPY OF HIC APPROVAL LETTER WITH THIS FORM**

Funding Source Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Instructions: HIC OnCore account Number: \_\_\_\_\_\_\_\_\_\_ Other (requires Lab Med approval) \_\_\_\_\_\_\_\_\_\_\_\_

***For HIC OnCore account application, obtain form from website or email oncore.support@yale.edu.***

***To request research rates, fill out page 2 of this form. Otherwise, you will be charged YNHH list price.***

**PROJECT DESCRIPTION**

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

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

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

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

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

Accessioning: ( ) Samples entered in YNHH computer ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

( ) Test in lab

( ) Spin/save ( ) Tubes provided ( ) Refrigerate ( ) Freeze ***Note: Samples must be picked up within 48 hrs***

Result reporting: ( ) Standard patient report ( ) Report mailed ( ) Report picked up in lab

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

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

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

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**EXCESS CLINICAL SAMPLES**

If samples are to be removed from the lab, “**Use of Excess Clinical Samples for Research”** form must be submitted to HIC a) for approval, and b) to determine if HIPAA Tracking is required. This form can be downloaded from the Lab Medicine website. **Provide form signed by HIC to the Lab Medicine Research Coordinator before study can be approved.**

**REQUEST FOR LABORATORY TESTING AT RESEARCH RATES**

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

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

\*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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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:\_\_\_\_\_\_\_\_\_\_\_\_