DEPARTMENT OF LABORATORY MEDICINE

LABORATORY RESEARCH BILLING

55 PARK ST

NEW HAVEN CT 06511

203 688-7735

**YNHH CLINICAL LABORATORY**

**De-Identified Research Sample Submission**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPECIMEN MATERIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INVESTIGATOR/MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FAX RESULT TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS:**

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| **SAMPLE** | **SAMPLE DESCRIPTION** |
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\*Please do not submit more than 20 De-identified samples /day

\*\*Any additional questions please contact Sijaun Thompson, Research Testing Coordinator 203-502-4664, [sijaun.thompson@ynhh.org](mailto:sijaun.thompson@ynhh.org)

May 2022