**YALE-NEW HAVEN HOSPITAL CLINICAL LABORATORIES**

**REQUEST FOR PRICING ONLY FOR RESEARCH PURPOSES**

Before beginning research protocols involving tests or samples from the clinical laboratories, the investigator must submit the REQUEST FOR LABORATORY SERVICES OR SPECIMENS 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) 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.

However, if you only want an **estimate of research test prices** and are NOT ready to submit your actual study for approval, you can use this form. Price estimates are based on routine clinical sample receiving, processing, testing and reporting. Any deviations from routine procedure may incur additional fees. Prices are valid for the current fiscal year. Allow 2 weeks for pricing approval once form submitted.

**PLEASE EMAIL COMPLETED FORM TO** [[sijaun.thompson@ynhh.org](mailto:sijaun.thompson@ynhh.org)](mailto: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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIC#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If known**

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

**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.

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For Laboratory Medicine Office Use Only:

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

Date forwarded to Lab Manager (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Research Pricing:***

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