**YALE-NEW HAVEN HOSPITAL CLINICAL LABORATORIES**

**REQUEST FOR PHLEBOTOMY ONLY FOR RESEARCH PURPOSES**

Phlebotomy services will not be provided until (1) the COA numbers and (2) the HIC# and HIC approval letter have been provided, and (3) the study has been approved by Lab Medicine.

**PLEASE EMAIL COMPLETED FORM TO** [[sijaun.thompson@ynhh.org](mailto:sijaun.thompson@ynhh.org)](mailto:sijaun.thompson@ynhh.org)**OR FAX TO 688-7340**

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

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

(For Invoicing)

HIC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HIC OnCore No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone or Beeper \_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR PHLEBOTOMY ONLY, WITHOUT TESTING**

**NOTE: Phlebotomy Only services will not include centrifugation, delivery or mailing of specimens. Draw station location must be approved in advance.**

Please describe service requested, including location, sample handling, number of patient visits anticipated, and duration of study:

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For Laboratory Medicine Office Use Only:

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

Project feasible: \_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_ Date researcher notified: \_\_\_\_\_\_\_\_\_\_\_\_