# Research Request for Biobank / Laboratory / Pathology Services

Office of Research and Education

Along with this form, you must attach the protocol, lab manual and schedule of activities grid and reference page numbers / sections with summary detail. If you do not have these documents, please do not initiate this form but rather go back and collect information from sponsor.

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| --- | --- |
| Protocol Name: | Short Study Name: |
| IRB# (if available): | Projected # of subjects at this site: |
| Target Activation Date / Start Date: | Projected End Date: |
| Is the study being coordinated via Research Department? Yes  No  If no, name the organization: | |
| Principal Investigator Name: | |
| Coordinator / Requestor: | |
| Email: | |
| Brief description of patient population: | |
| Locations / sites where specimen collection / processing / storage activities may occur: | |

**Standard of Care Assessment**

Services/tests being requested of biobank/lab/pathology are NOT considered standard of care

Provide details (if possible, attach Tab 2 of CA or summary of lab services/tests required)

Services/tests being requested of biobank/lab/pathology ARE considered SOC

**Services Requested**

Pathologist review\* (fees for service will be determined on a case-by-case basis)

Tissue Request – FFPE blocks

Tissue Request – Slides

Tissue Request – Fresh tissue

Blood draw alongside SOC or local lab tests

Research-only blood draw

Specimen processing (tissue, blood, other)

Same-day specimen shipment

Batched specimen shipment

Other, please describe summary of services needed:

**Communication for study-related processing request**

Proposed plan:

Unknown / study team would appreciate technical assistance on preferred methods

Not applicable, all services are standard of care

**Specimen Instructions**

Provide specific instructions i.e., processing, freezer storage, shipping/pickup.

Cite specific sections of the sponsor documentation (protocol, lab manual, etc)

Not applicable, all services are standard of care

**Budget Coverage**

There is funding available through sponsor budget negotiations

Project is unfunded, no funding available for the study

**Send this form and documentation (at a minimum the protocol and lab manual) to** [**SHAREOrders@spectrumhealth.org**](mailto:SHAREOrders@spectrumhealth.org)**, with cc to Larissa Rossell,** [**Larissa.rossell@corewellhealth.org**](mailto:Larissa.rossell@corewellhealth.org)