# 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****, with cc to Larissa Rossell,** **Larissa.rossell@corewellhealth.org**