RESEARCH STUDIES requiring lab specimens, testing, test results

Click on boxes in form below to select.

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| **Your name:** | **Study PI (if different):** |
| **Affiliation (BU, BMC):** | **PI affiliation:** |
| **Email:** | **PI email:** |
| **Phone:** | **PI phone:** |
| \*\*\* You will need to discuss your study needs with the laboratory before any support is initiated. IRB and/or IBC protocols already submitted or approved may need to be amended based on this discussion. \*\*\* If already approved list the IRB/IBC#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Send** a preliminary study outline AND this completed form by Outlook email to:  [DG-PathLabResearchStudyGroup@bmc.org](mailto:DG-PathLabResearchStudyGroup@bmc.org) Attach IRB /IBC protocols or drafts if available. | |
| **IRB protocol you need:** BMC BU BMC and BU | |
| **IRB status:** Not yet submitted Submitted, pending approval Approved Expiration? \_\_\_\_\_\_\_\_\_\_\_ | |
| **Admin contact for your research/study:**  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Support needed:** Clinical specimens  Lab Testing Lab results Phlebotomy collections  Venipuncture training  Lab Budget/Pricing | |
| **Specimens needed (check all that apply):** Blood (note which: Serum, plasma, whole blood) respiratory wound stool urine tissue autopsy specimen  culture isolates  Other (specify):\_\_\_\_\_\_\_\_\_\_ | |
| **Specimen aliquots requested:** Fresh Discard (after approx. 7 day outdate) | |
| **Specimen temperature:** Frozen Refrigerated Room temperature | |
| **Are you asking the lab to store your specimens?** Yes No  If yes, specify approx number\_\_\_\_ and if storing - estimate for how long:\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Material Transfer Agreement (MTA):** None Pending completion Completed | |
| **Are you requesting test results?** Yes No  **Have you requested a Data Agreement?** Yes No Pending | |
| **Complete and submit:** Laboratory Medicine Clinical Study Service Request Form  See BMC intranet for form: <https://internal.bmc.org/departments/pathology-and-laboratory-medicine/laboratory-medicine/research> | |
| **Contact DG-Path Lab Research Study Group** prior to submitting budget  Is Your study funding**:** Federal Private Other: \_\_\_\_\_\_\_\_ | |
| **Submit approved applicable documents** to **DG-Path Lab Research Study Group**  IRB IBC MTA Data Agreement Other: | |
| **All Inquiries, Questions or concerns,** sendOutlook email to**:** **DG-Path Lab Research Study Group.** We will disseminate to the appropriate person to answer your questions | |
| Questions/Concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |