



Study Request Form

Date:		
Full Name of study:		
Name of study coordinator or contact person: Mailing address:		
Phone number:		
Name of Principle Investigator(s): Mailing address:		
Billing address: (if different from above)		
What is the expected start date for the study?		
What is the expected duration of the study?		
Identify Species of samples to be sent (human/primate	/mouse et	c):
Type(s) of sample (tissue / blood / urine / other?):		
Indicate the total number of expected patients or samp	les to be se	ent:
Is there standard of care blood work being drawn in this \Box YES \Box NO	s study?	
What do you require the lab to do:		
 Process sample and HOLD (No testing will be performed) 	□ YES	□ NO
 Process sample and testing same day 	☐ YES	
 Process sample and batch testing (Note: this option must be arranged in consultation with the laborate 	□ YES ory)	□ NO
 Batch testing of preprocessed/frozen samples (Note: this option must be arranged in consultation with the laborate 	□ YES ory)	□ NO
Do you require the post analytical specimen to be save	ed for pick i	up?
☐ YES ☐ NO	a ioi pion t	- p-



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List the <u>ABOVE STANDARD OF CARE</u> tests for this study that you require KGH Laboratories to perform or process for storage or process for shipment to a central lab for testing:

	TEST NAME		TEST NAME
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

	study require the use of outpatient phlebotomy services located at rong Patient Centre?
□ YES	\square NO
Does this :	study require the ECG testing ABOVE the Standard of Care to be I?
□ YES	\square NO
as ABOVE	of Care testing be performed in this study for tests not indicated STANDARD of CARE, which may require confirmation testing to be by our laboratory?
□ YES	□ NO
Please comp	lete this form and send it along with the following information to:
Kingston Gei	d ART, MLT nologist, Core Laboratory neral Hospital ., Kingston, ON

- 1. A copy of your study protocol (electronic copy preferred).
- 2. A copy of your DSS (Data Summary Sheet) or TRAQ number that contains the information.
- 3. A copy of your REB (Research Ethics Board) or ACC (Animal Care Committee) approval letter or TRAQ number that contains the information.
- 4. A copy of the consent form to be used for this study.

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benfordk@kgh.kari.net

Questions should be addressed to Kerry Benford at 613-549-6666 ext 3396 or benfordk@kgh.kari.net





Additional Information for Research Study Coordinators

Sample processing fee: A \$10 per tube fee is charged for handling, processing and aliquoting study specimens that will not be tested in our laboratory.

Shipping fees: If we are required to ship study samples to another site for testing, then the cost of shipping by the courier (as determined by the lab), including the shipping container (if not supplied) and the dry ice (if required) at a fixed rate of \$3 per pound, will be billed to the study.

Applicable fees: A fee may be charged for the initial setup and ongoing maintenance of the study.

Non-Human specimen: Due to the special handling requirements of non-human samples (individual analyte dilutions in order to obtain the required analytical sensitivity for each assay, increased reagent usage and labour costs) a premium will be applied.

Services provided:

- A written quotation detailing the costing of the testing required will be provided indicating which tests are performed by KGH Clinical Laboratories and which tests must be sent to a referring test site.
- A requisition prepared specifically for the study: identifying the number and types of sample tubes that must be drawn, as well as, detailed and specific instructions regarding the handling, processing and storage of the study samples for our lab staff to follow.
- Assistance in determining the type and number of samples tubes the testing requires.
- Assistance in determining materials and resources needed for pre-analytical organization of sample collection, as well as post analytical specimen aliquot and storage.
- Consultation with laboratory personnel regarding specific quality issues related to the study, as required.
- Optional testing of study samples through batch runs (if applicable)
- Allocated space for short term* sample storage at -70°C and monitored 24/7.
- Allocated space for short term* sample storage at -20°C and monitored 24/7.
- Electronic copies of monthly temperature readings for the freezer temporarily storing your study samples, upon request.
- Upon request and through prior arrangements we can provide a short tour of our laboratory if it is a necessary requirement of the funding organization.
- Monthly billing statements for all work completed.
- Unexpected critical values are phoned to the study coordinator or principle investigator.
- Hard copy reports of all results available for pick up from the lab, where applicable, as testing is completed.
- Reference range information for testing performed by the Clinical Laboratories can be supplied in advance of testing the study samples, upon request. Please note the following reference range disclaimer: This document has been provided for use by Clinical Research Studies and MUST BE UTILIZED as a GUIDE ONLY. The laboratory report will indicate the most up to date reference range information for each test, as well as any appropriate test specific comment related to the findings. Always validate that the information received on this document corresponds to the sex and age dependent reference range printed on the final report or in the CPS.
- Phlebotomy services are not performed by the Clinical Laboratories but can be arranged though Armstrong Outpatient Services.
- Procedure methodologies can be provided for tests performed on site, if requested.
- Copies of the most recent laboratory accreditation and the Medical Director of Clinical Laboratories CV can be arranged, upon request.

^{*} Short Term allocation of study freezer space: The maximum length of time samples should remain in our freezer is 1 month. Study coordinators are responsible for retrieving the aliquoted samples and storing the samples in another location.