



**PATHOLOGY AND LABORATORY MEDICINE**

<p><b>Pathology Utilization (PU) Form</b></p> <p>This form must be completed if access to Pathology and Laboratory Medicine is required. Please submit the completed form and study protocol via email if possible.</p>	
<p>You can expect the following timelines in responding to this request. You will be notified via email at the beginning of each event:</p>	
<ul style="list-style-type: none"> <li>• PU Form review &amp; costing letter sent for signatures</li> </ul>	<p>2 - 3 weeks from time of receipt of request.</p>
<ul style="list-style-type: none"> <li>• Confirmation of approval or rejection of request</li> </ul>	<p>1 week from the time sent for signatures</p>
<ul style="list-style-type: none"> <li>• Lab Protocol &amp; Requisition for study AFTER receipt of copy of Ethics Approval</li> </ul>	<p>3 - 4 weeks from the date of email receipt of notification of a start / enrollment date</p>
<p>Note: It is the responsibility of the PI / Clinical Coordinator to keep the Lab Research Office updated on the status of their study (eg: start date, amendments, study end date). Due to the volume of requests, this communication cannot always be initiated from the Lab Research Office.</p>	

Principal Investigator:

**REB #:**

Name of Sponsor:

Type of Study: (Industry / Grant / Unfunded)

Billing Information:

Name:

Address:

Study Start Date:

Study End Date:

Project Title (exact):

1. Study Coordinator:

Local:

Pager:

2. Proposed date of submission to the Research Ethics Board (*if ethics approval already obtained please attach certificate*):

3. Number of subjects expected to enrol:

4. LABORATORY INVOLVEMENT: Please complete **ALL** questions (yes or no)

	Yes	No		Yes	No
Collection kits provided?	<input type="checkbox"/>	<input type="checkbox"/>	Sample Analysis at C&W lab?	<input type="checkbox"/>	<input type="checkbox"/>
Sample to be Collected by lab?	<input type="checkbox"/>	<input type="checkbox"/>	Sample Storage at C&W lab?	<input type="checkbox"/>	<input type="checkbox"/>
Collection during off-shift? (1600-0800)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, storage temp.		
Collection during weekends/holidays/UCD?	<input type="checkbox"/>	<input type="checkbox"/>	Storage period:		
Sample Processing at C&W lab?	<input type="checkbox"/>	<input type="checkbox"/>	Special Requirements:		
Interval or timed sample collection required? Indicate frequency. Q _____ hours	<input type="checkbox"/>	<input type="checkbox"/>			



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Sample Transport	Yes	No	
Is sample shipment required	<input type="checkbox"/>	<input type="checkbox"/>	If yes, who will be responsible: Laboratory <input type="checkbox"/> Investigator <input type="checkbox"/>
If laboratory, indicate requirements:	Dry ice <input type="checkbox"/>	Ambient Temp <input type="checkbox"/>	4°C. <input type="checkbox"/>
Frequency of shipment:	Same day <input type="checkbox"/>	Batched <input type="checkbox"/>	

Subject Information: <i>please check the appropriate response</i>	<i>Check here</i>	
Inpatient	<input type="checkbox"/>	
Outpatient	<input type="checkbox"/>	
Clinics	<input type="checkbox"/>	
Animal	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Type of Samples: <i>please check the appropriate response</i>	<i>Check here</i>	
Whole Blood	<input type="checkbox"/>	
Serum	<input type="checkbox"/>	
Plasma	<input type="checkbox"/>	
Urine	<input type="checkbox"/>	
Tissue Procurement	<input type="checkbox"/>	
Stored Newborn Screening blood spot cards (Submission to BC Newborn Screening Program Required)	<input type="checkbox"/>	
Stored autopsy/surgical tissue (Submission to Pathology Research Advisory Committee Required)	<input type="checkbox"/>	
Slides H&E	<input type="checkbox"/>	
Bone Marrow	<input type="checkbox"/>	
Hair	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If sample analysis is required at C&W lab please complete following section: <i>Indicate the name of the test and whether or not it can be batched analyzed.</i>	<b>Batched</b>	
Test name	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Sample Frequency:		
Number of visits Per subject	Total # samples/subject	Total # samples/study

**5. The Primary Investigator's Resource Budget:**

ESTIMATE				ACTUAL COST
SERVICE	COST	\$ FUNDED	COST TO C&W	For Laboratory use
				SEE COSTING LETTER



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### 8. SIGNATURES: *for laboratory use only*

Date	Head Technologist, Central Lab Services, Debbie Conn (or designate)
Date	Head Technologist, Anatomic Pathology, Susan Blaine (or designate)
Date	Head Technologist, Clinical Biochemistry, Debbie Conn (or designate)
Date	Head Technologist, Hematopathology, Debbie Conn (or designate)
Date	Head Technologist, Microbiology/Virology, Laura Book (or designate)
Date	Head Technologist, Genetics, Michelle Kelsey (or designate)
Date	Department Head /Medical Director, Pathology and Laboratory Medicine Dr. Deborah McFadden (or designate)

### 9. De-identified tissue samples: *for laboratory use only*

*In situations where de-identified tissue samples are going to be provided to an investigator by the Laboratory, the following statement needs to be signed by the Pathology Facilitator or designate*

"I confirm that I am custodian of this study and under no circumstances will I provide the investigator with information that will enable identification of study subjects"

Date	Print Name	Signature