



**PATHOLOGY AND LABORATORY MEDICINE**

This form must be completed if access to Pathology and Laboratory Medicine is required. The Laboratory requires a copy of the research protocol. Please complete all questions and obtain the appropriate signature.

Principal Investigator:

**REB #:**

Name of Sponsor:

Study Start Date:

Study End Date:

Project Title:

1. Study Coordinator:

Local:

Pager:

2. Proposed date of submission to the Research Ethics Board:

3. Number of subjects expected to enrol:

**4. LABORATORY INVOLVEMENT:**

Sample Collection: check 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"/>			
Sample Transport: <i>check the appropriate response</i>					
	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"/>					
Frequency of shipment: Same day <input type="checkbox"/> Batched <input type="checkbox"/>					



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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"/>																				
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>																								
Test name				<table border="1"> <tr> <th colspan="2">Batched</th> </tr> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Batched		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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sample Frequency:																								
Number of visits Per subject		Total # samples/subject		Total # samples/study																				
5. The Primary Investigator's Resource Budget:																								
<b>ESTIMATE</b>				<b>ACTUAL COST</b>																				
SERVICE	COST	\$ FUNDED	COST TO C&W	For Laboratory use																				
				SEE COSTING LETTER																				



## PATHOLOGY AND LABORATORY MEDICINE

### 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

\_\_\_\_\_

Medical Site 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