



PATHOLOGY AND LABORATORY MEDICINE

<p>Pathology Utilization (PU) Form</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"> • PU Form review & costing letter sent for signatures 	<p>2 - 3 weeks from time of receipt of request.</p>
<ul style="list-style-type: none"> • Confirmation of approval or rejection of request 	<p>1 week from the time sent for signatures</p>
<ul style="list-style-type: none"> • Lab Protocol & Requisition for study AFTER receipt of copy of Ethics Approval 	<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 <input type="checkbox"/>	No <input type="checkbox"/>	
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"/>																				
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:		Total # samples/subject	Total # samples/study
Number of visits Per subject			

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