**STEP 1:**

**Specimen use and Laboratory feasibility determination**

**\* Submit completed form electronically to:**

[**susan.gottesman@downstate.edu**](mailto:susan.gottesman@downstate.edu) **and** [**caitlin.otto@downstate.edu**](mailto:caitlin.otto@downstate.edu)

This is STEP 1 of a three step process.

* **Step 1: Complete STEP 1: “Specimen use and Laboratory feasibility determination” form**
  + **Schedule to meet with Dr. Gottesman or Dr. Otto to discuss feasibility information provided in Step 1 form**
* Step 2: IRB application, Biosafety, and/or IACUC, as applicable
* Step 3: Complete STEP 3: “Protocol of UHB Laboratory Use/Patient specimens for Research projects “ form
  + A pathology approval number will be issued upon successful completion of this form.
  + Do not complete step 3 form until you have completed the first 2 steps of the process

1. **Principal Investigator**

Name: Click here to enter text.

Position: Click here to enter text.

Department: Click here to enter text.

Phone number: Click here to enter text.

Email: Click here to enter text.

1. **Study Title:** Click here to enter text.
2. **Is this a Clinical Trial?** Yes  No
3. **Please list the names and project roles of the personnel expected to be interacting with the laboratory** (e.g. resident, clinical coordinator, etc.)

Click here to enter text.

1. **Specimen**

**A.** Human Animal N/A

If animal, please list species: Click here to enter text.

If animal, skip to question 8

**B. For Human Studies:** (Check appropriate box for source of human specimen)

Existing collection (Tissue blocks only)

Additional specimen(s) to be obtained for Research Purposes Only

**If additional specimen, what is the proposed plan of sample collection from patient**

(eg. Who is doing the phlebotomy, collecting the tissue, etc.?).

Click here to enter text.

Excess material from Clinical Laboratory Samples (e.g. Chemistry, hematology, microbiology, etc.)

Sample from fresh surgical pathology specimen(s) obtained for clinical care. If yes, please complete the following:

* + Who is taking the sample from the fresh specimen? Click here to enter text.
  + What size of sample will be taken? Click here to enter text.
  + What are the sample inclusion and exclusion criteria? (e.g. minimum tumor size?) Click here to enter text.

**C. Specimen type:** (e.g. urine, whole blood, serum, tissue…)

Click here to enter text.

**D. Targeted Population:** (e.g. Neonates, breast cancer, etc)

Click here to enter text.

1. **Will the specimens be handled differently from current pathology practice?**

Yes No N/A

**If yes, please describe.**

Click here to enter text.

1. **Will the specimens be de-identified?** Yes No

Click here to enter text.

1. **Does this project require services from the pathology department?** Yes No

**If yes, please list the tests, procedures, and/or services requested** (e.g. immunohistochemistry, standard chemistry or hematology tests)**:**

Click here to enter text.

1. **Expected total number of specimens /year:**

Click here to enter text.

1. **Frequency and volume of tests being requested**

(i.e. one time/week; 5 samples each):

Click here to enter text.

1. **How are you planning on setting up the billing account?**

Hospital finance

Pathology directly

n/a