# STEP 1:

**Specimen Use and Laboratory Feasibility Determination**

**\* Submit completed form electronically to:** [**susan.gottesman@downstate.edu**](mailto:susan.gottesman@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

## Principal Investigator

Name:

Position:

Department:

Phone number:

Email:

## Study Title:

## Is this a Clinical Trial? Yes No

A. Use of **Clinical Pathology Laboratories**: Samples and laboratory testing on blood, urine, fluids. Includes hematology, chemistry, coagulation, urine analysis, microbiology, virology and flow cytometry.

1. Names and Titles of Individuals Interacting with Laboratories:
2. Specimen Source:

Human

Animal  Species:

1. Tests requested:
2. Frequency of submission and Number of Samples to be tested (eg. One time /week; samples each)
3. Total number of samples/year:

For **Human Samples**:

1. Check Appropriate Box:

Excess Material from Clinical Laboratory Samples [All specimens subject to Clinical Laboratory Protocols before use for research.]

Additional Specimen obtained for research purposes only.

1. Will Specimens be De-Identified?

Yes

No

B. Use of **Anatomical Pathology Facilities**: Tissue samples, slide preparation, and staining including immunohistochemistry stains.

1. Names and Titles of Individuals interacting with Laboratory

2. Specimen Source

Human

Animal

Cell Line

**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

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

* + What size of sample will be taken?
  + What are the sample inclusion and exclusion criteria? (e.g. minimum tumor size?)

1. Tests requested:
2. Frequency of submission and Number of Samples to be tested (eg. One time /week; samples each)
3. Total number of samples/year:

## How are you setting up the billing account?

Hospital finance

Pathology directly

n/a [only check if taking excess material without requiring services]