# STEP 1:

**Specimen Use and Laboratory Feasibility Determination**

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