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 to discuss feasibility**
- 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_____

3. Tests requested:

4. Frequency of submission and Number of Samples to be tested (eg. One time /week; samples each)

5. Total Number of samples/year:

For **Human Samples**:

6. Target Patient Population (eg. SLE patients)

7. 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.

8. 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 [Involvement of Attending Pathologist required]:

- What is the size of sample to be taken?
- What are the sample inclusion and exclusion criteria? (e.g. minimum tumor size?)

3. Target Patient Population (eg. TN breast cancer)
4. Tests requested:
5. Frequency of submission and Number of Samples to be tested (eg. One time /week; samples each)
6. 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]