**Specimen use and Laboratory feasibility determination**

Submit completed form electronically to:

pathologygroup@downstate.edu

## Principal Investigator

Name:

Position:

Department:

Phone number:

Email:

## Study Title:

Is this a Clinical Trial? ☐Yes ☐ N

 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. (see B on page 2 for Anatomic Pathology – tissue procurement)

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. Target Patient Population (i.e. Patients with what type of disease or history)
2. 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 [Involvement of Attending Pathologist required]:

* + What is the size (measurement) of sample to be taken?
	+ What are the sample inclusion and exclusion criteria? (e.g. minimum tumor size?)
1. Patient Population (i.e. type of disease or clinical history in patients)
2. Tests requested:
3. Frequency of submission and number of samples to be tested (eg. One time /week; samples each)
4. 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]