



KHSC-KGH Clinical Laboratories - Study Request Form (ver.2021.07)

Page 1 of 4

Date:

Full Name of study:

Study Acronym (if applicable):

Name of study coordinator or contact person:

Mailing address:

Phone number:

Name of Principal Investigator(s):

Mailing address:

Billing address: (if different from above)

What is the expected start date for the study?

What is the expected duration of the study?

Identify Species of samples to be sent IF OTHER THAN human:

Indicate the total number of expected enrollment or samples to be sent:

Identify which Clinical Laboratory Departments specimens will be collected for:

- Core Lab (Chemistry/Hematology/Hemostasis):**
- Anatomical Pathology/Cytology:**
- Microbiology:**
- Immunology:**
- Molecular Genetics/Cytogenetics:**
- Transfusion Science:**

Indicate the services required from the Core Lab (Chemistry/Hematology/Hemostasis):

- Process sample and HOLD** **YES** **NO**
(No testing will be performed by KGH Clinical Laboratory Services)
- Process sample and testing same day** **YES** **NO**
NOTE: a service fee will be applied to all STAT requests
- Process sample and batch testing** **YES** **NO**
(Note: this option must be arranged in consultation with the laboratory)
- Batch testing of preprocessed/frozen samples** **YES** **NO**
(Note: this option must be arranged in consultation with the laboratory)



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List **ONLY the ABOVE STANDARD OF CARE tests** that this study requires KHSC Clinical Laboratories to perform and or process to storage for shipment to a central lab for testing or testing at a later date:

	TEST NAME		TEST NAME
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Indicate the services required from Anatomical Pathology/Cytology:

- **Process new biopsy specimens** **YES** **NO**
- **Retrieve archival blocks or slides** **YES** **NO**
- **Staining of slides for research** **YES** **NO**
- **Purchase tumor bank material** **YES** **NO**
- **Cytology specimen testing** **YES** **NO**
- **Other testing:** _____

Indicate the services required from Microbiology:

- **Culture and Sensitivity ID** **YES** **NO**
- **Other testing:** _____

Indicate the testing required from Immunology: _____

_____ **NOT APPLICABLE**

Indicate the testing required from Molecular Genetics/Cytogenetics: _____

_____ **NOT APPLICABLE**

Indicate the testing required from Transfusion Science: _____

_____ **NOT APPLICABLE**



KHSC-KGH Clinical Laboratories - Study Request Form (ver.2021.07)

Page 3 of 4

Do you require the post analytical specimen to be saved for pick up?

- YES NO, all tested samples can be discarded

Phlebotomy Services

Will this study require the use of outpatient phlebotomy services located at KHSC: KGH site Armstrong Diagnostic Center, Level 1 or HDH site: Brock 1 Diagnostic Center /Jeanne Manse building Level 5 Diagnostics

- YES NO

If yes, indicate which outpatient phlebotomy services location patients will be directed to:

- Armstrong Diagnostic Center, Level 1***
- Brock 1 Diagnostic Center***
- Jeanne Manse building Level 5 Diagnostics***

IMPORTANT: Phlebotomy services requested for routine or difficult research blood collections can only be accessed through one of the KHSC outpatient diagnostic centers, as we are unable to supply phlebotomy support remotely. This service when utilized will be invoiced to the study.

Please complete this form and upload to your Queens TRAQ file:

The following information must also be provided and or uploaded to your Queens TRAQ file:

1. A copy of your study protocol (electronic copy preferred).
2. A copy of your DSS (Data Summary Sheet) or TRAQ number that contains the information.
3. Study Laboratory Specimen Processing Manual
4. A copy of your REB (Research Ethics Board) or OCREB (Ontario Cancer Research Ethics Board) or ACC (Animal Care Committee) approval letter or TRAQ number that contains the information.

Questions may be addressed to:

Laura Webber MLT
Senior Specimen Management
Research Study Coordinator for KHSC-KGH Clinical Laboratories
Kingston Health Science Center - Kingston General Hospital
76 Stuart St., Kingston, ON
K7L 2V7
Laura.Webber@kingstonhsc.ca
613-549-6666 ext. 3396



KHSC-KGH Clinical Laboratories - Study Request Form (ver.2019.11)

Page 4 of 4

Additional Information and Services provided by KHSC Clinical Laboratories to Research

Test Pricing: Requests for test pricing may be sent directly to the Research Study Coordinator or the Departmental Laboratory Manager. A written quotation detailing the cost of the testing requested will be provided.

Sample processing fee: A \$10 per tube fee is charged for handling, processing and aliquotting of study specimens that will not be tested in our laboratory.

Study setup fees: A fee will be charged for the initial setup and ongoing maintenance of the study.

Shipping fees: If we are required to ship study samples to another site for testing, then the cost of shipping by the courier (as determined by the lab), including the shipping container (if not supplied) and the dry ice (if required) at a fixed rate of \$3 per pound, will be billed to the study.

Non-Human specimen: Due to the special handling requirements of non-human samples (individual analyte dilutions in order to obtain the required analytical sensitivity for each assay, increased reagent usage and labour costs) a premium will be applied.

Services provided:

- Site Visits: Upon request and through prior arrangements we can provide a short tour of our laboratory if it is a necessary requirement of the site selection visit.
- A requisition will be prepared specifically for the study (if appropriate) detailing the quantity and types of collection tubes required as well as the handling, processing, testing and storage requirements.
- Assistance in determining the type and number of samples tubes the testing requires.
- Assistance in determining materials and resources needed for pre-analytical organization of sample collection, as well as post analytical specimen aliquot and storage.
- Consultation with laboratory personnel regarding specific quality issues related to the study, as required.
- Optional testing of study samples through batch runs (if applicable).
- Allocated space for short term*_sample storage that is monitored 24/7at: Room temperature, Fridge or Freezer temperature (-20°C and -70°C) * *Short Term sample storage: The maximum length of time samples should remain in our fridge or freezer is 1 month. Study coordinators are responsible for retrieving the aliquotted samples and storing the samples in an alternate location.*
- Electronic copies of monthly temperature readings for the fridge or freezer that is temporarily storage for your study samples, upon request.
- Unexpected critical values are phoned (if appropriate) to the principal investigator or identified medical professional.
- Hard copy reports of all results available for pick up from the lab, where applicable, as testing is completed.
- Reference range information for testing performed by the Clinical Laboratories can be supplied in advance of testing the study samples, upon request. Please note the following reference range disclaimer: *This document has been provided for use by Clinical Research Studies and MUST BE UTILIZED as a GUIDE ONLY. The laboratory report will indicate the most up to date reference interval information for each test, as well as any appropriate test specific comment related to the findings. Always validate that the information received on this document corresponds to the sex and age dependent reference interval printed on the final report or in the CPS.*
- Procedure methodologies can be provided for tests performed on site, if requested.
- Copies of the most recent laboratory accreditation and the Medical Director of Clinical Laboratories CV can be arranged, upon request.
- Monthly invoiced statements for all work completed.