

## RESEARCH REQUEST FOR GENERAL LABORATORY SERVICES

Providence Health Care (PHC) and the Laboratory (lab) are committed to supporting clinical trials and institutional research approved by PHC Research Institute (PHCRI). Every effort will be made to complete the request while adhering to collective agreements and laboratory regulatory guidelines. Patient care will take precedence over research requests when there is a workflow conflict. The following information describes the process for lab approval and initiation of study lab work.

### Lab Approval

Submit the following documents to the lab research coordinator after completing the REB application.

- Completed form "Request for General Laboratory Services" - see next page
- A copy of Ethic application or Ethic Approval
- Investigator's protocol, short summary, Lab manual or pertinent lab procedures if available
- Lab Approval will be reviewed and signed off by the Medical Director for PHC Labs (including both SPH and MSJ)

REB approval is not required at time of submission to the lab but the lab approval will not be released without it. Allow two to three weeks after the receipt of all relevant documentation for the lab to review and approve the study. All requests are reviewed and approved by the lab research coordinator, divisional medical and technical leadership, the Operations Manager and the Department Head.

### Lab Initiation

Initiate the lab testing/services within 6 months of the approval date to maintain the pricing and any special provisions for the study. A delay of more than six months may require another review. Costs quoted in the approval remain in effect for the length of the activated study unless there is a significant increase in lab costs during the trial period.

Send a copy of the PHCRI "Institutional Certificate of Approval" and a copy of lab approval signed by study investigator to the lab research coordinator prior to study initiation. The email confirmation of PHC Institutional Approval from the PHCRI is sufficient documentation to satisfy this requirement. Allow two weeks from receipt of PHC Institutional Approval for lab start-up.

### Invoicing

Invoices will be prepared at the end of each corporate billing period (13 / year). Payment is expected on receipt and is payable to Providence Health Care; remit payment to Accounts Receivable.

### Document Storage

The protocol and original approval are stored safely in the lab only for the duration of the study. Lab results will be stored according to Doctors of BC guidelines. Source documents (requisitions, lists) must be stored permanently by the researcher.

### Fees

Protocol Review fee	\$75.00
Administration fee	\$200 to \$600
Changes to lab request post contract- Amendment	\$50/change
Lab requisition/ Label changes	\$5.00

## REQUEST FOR GENERAL LABORATORY SERVICES

**Application Date**

**Approval Date**

**Title**

**“Short name” or  
Acronym**

**REB number**

**Protocol #**

**Department**

**Name**

**Phone#**

**Investigator**

**MSP#**

**Email**

**SPH Investigator**

**Name**

**Phone#**

**Email**

**Coordinator**

**Name**

**Phone#**

**Email**

**Sponsor**

Public Funding / Grant

Pharmaceutical Company

**Sponsor Name**

**Trial Period**

**Send Results to**

**Name**

**Address**

A copy of result is required to be faxed

**Fax#**

**Send Invoice To**

**Name**

**Mailing Address/Email**

Number of Subjects at SPH

Out patient: \_\_\_\_\_

In Patient: \_\_\_\_\_

**Nature of the Request**

**Local Lab Testing**

Chemistry - test(s):

Hematology/ Transfusion Medicine - test(s):

Microbiology/ Virology - test(s):

Other - please specify test(s):

**Central Lab Services**

Phlebotomy

Accessioning Blood/ Urine

Aliquot Serum/ Plasma

Aliquot Random Urine

Aliquot 24hr Urine

Buffy Coat

Slides

Cold Centrifuge

Double Centrifuge

Storage:

Fridge

-20°C

-80°C

Other - please specify:

**Other Services**

Phlebotomy Only

Batch Testing

Number of Batches:

Number of Samples/Batch:

**Return completed form to:**

Azarm Akhavian, Clinical Research Coordinator, SPH Laboratory

Email: aakhavien1@providencehealth.bc.ca

Phone: 604-682-2344 x63665 Fax: 604-806-8815