



All frozen specimens will be held for 3 months with Ester Bengil, (650) 498-5023. After 3 months, a phone call will be made to the Study Coordinator and/or PI to see if the specimen is still needed. If I do not hear from you within a week after the call, the specimens will be tossed.

I have read and agree to the above statement: _____

REQUEST FOR CLINICAL LAB REQUISITION FORM

*****Please include a copy of the IRB Letter of Approval and any special instructions, specimen requirements, and/or send-out instructions upon submission of this form.*****

Today's Date: _____

Study Name: _____

Stanford Project Director/Investigator/Physician's Name: _____

Primary Diagnosis Code (Example: Z00.00): _____

Dept. Name: _____

Contact Person: _____ Phone #: _____

Duration of Study: Start Date: _____ Anticipated End Date: _____

Frequency of Specimens: _____

Who Will Collect the Specimens: _____

Number of Patients in Study: _____

Are they Inpatients or Outpatients: _____

Account Number: _____

(Is this to be Billed to the Patient, an 80098 number, or mnemonic account?)

Will the Laboratory be doing the Testing? _____

If so, please specify which tests you are requesting:

If not, at which lab will tests be done? _____

Should the patient's medical record number appear on the report? Should it be Identified or de-Identified?

If not what code name(s) will you be using? _____

Mail Results To: **(Please provide name and mailing address for where printed results will be sent)**

**PLEASE RETURN THIS FORM TO: Ester Bengil~ (FAX) 650-723-6752; email: ebengil@stanfordhealthcare.org
Stanford Health Care and Stanford Children's Health, Clinical Laboratories, 300 Pasteur Dr., M/C 5627, Stanford,
CA 94305**