

All frozen specimens will be held for 3 months with Ester Magoncia, (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 Number: _____

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? _____

PLEASE RETURN THIS FORM TO: Ester Magoncia~ (FAX) 650-723-6752; email:
emagoncia@stanfordhealthcare.org

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