



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: \_\_\_\_\_

## CLINICAL LABS - STUDY PROTOCOL 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Director/Physician's Name: \_\_\_\_\_

Primary Diagnosis Code (Example: Z00.00): \_\_\_\_\_

Dept. Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Start Date and Duration of Study: From \_\_\_\_\_ TO \_\_\_\_\_

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 name and/or medical record number appear on the report? \_\_\_\_\_

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**