

Specimen Procurement
REQUEST FOR RESEARCH PROTOCOL
Processing Fee: \$5.00 per Tube

Current Date: _____

STUDY NAME: _____

Research Account Number: _____ **IRB Number:** _____

Description of Study: _____

Study Start Date: _____ **Study Completion Date:** _____ **Number of Patient's To Be Drawn:** _____

Tube Type to Draw: _____ **Number of Tubes per Patient:** _____

Physician Investigator:

CONTACTS:
Please Print

Name: _____ **UMH Physician Number:** _____

UMH Address: _____ **Box #:** _____

Phone Number: _____ **Beeper:** _____

2nd Contact Person

Name: _____ **Phone Number:** _____ **Beeper:** _____

Physician Signature: _____

SAMPLE HANDLING/TRANSPORTATION PROCEDURES:
Check Appropriate Box

Leave Specimen at Inpatient Nursing Station

Patient Will Transport Specimen

Will Pick Up Specimen At Blood Drawing **by 6PM on Day of Collection**
Drawing Station To Be Used: _____

Process in Central Distribution. Specimens Must be picked up **before 5 PM** the first working day **following collection.**

CENTRAL DISTRIBUTION PROCESSING/STORAGE PROCEDURES:
Check Appropriate Box

Store At Room Temperature

Centrifuge, Aliquot, Freeze

Centrifuge, Aliquot, Refrigerate

Special Handling (Please Specify):

Approval/Speciman Procurement _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:
SPECIMEN PROCUREMENT MANAGER, 2G112 UH, Box 0054