

Date _____

Full name of study _____

Identification of study to be written on requisition _____ e.g. Heart Study

Name and address of study coordinator or contact person _____

Name and address of principal investigator _____

Estimated start date _____ (month/year)

Estimated end date _____ (month/year)

Number of samples _____

Frequency of samples arriving in the laboratory _____ e.g. once or twice during the day

How will samples arrive? _____ e.g. samples to be taken via our out patient laboratory, samples are already taken and will arrive spun and frozen (specimens arriving in batches will need to be labelled, sorted (in a test tube racks), and arrive with a list of specimen identification names.

What do you require the laboratory to do? _____ e.g. phlebotomy, spinning, freezing, storage, testing (please list any required tests).

Please send the following information to:

June Watkins
Laboratory Administration
Diagnostic Laboratories
Cardinal Carter Wing, Second Floor
St. Michael's Hospital
30 Bond Street
Toronto, Ontario
M5B 1W8

1. A printed copy of this form
2. A copy of your study protocol
3. A copy of your REB approval letter
4. Any other pertinent information should be listed on a separate sheet of paper and attached

Questions should be addressed to June Watkins at 416-864-6060 Ext. 2452 or WatkinsJ@smh.toronto.on.ca