



DIVISION LAB SERVICES | REQUEST FOR PROCESSING SERVICES

Lab hours of operation: Monday-Friday 8am-5pm by approved appointment only

Once we have obtained all signatures, received shipping/lab supplies, and all training/delegation logs required have been completed we can begin processing for this study.

How to request services:

1. Please complete this form and send to divisionlabservices@ucmail.uc.edu [stop after billing portion]
 - a. Attach Protocol and Lab Manual to your email request along with any other lab related documents
 - b. Start up fee will be billed upon review of request
2. Once reviewed and approved we will attached a cost sheet and send out for signatures
 - a. Division Representative and PI will sign

SERVICES PROVIDED: Processing of specimens collected by the study coordinator per protocol guidelines, freezing and storing of specimens per protocol guidelines and/or batch shipping of specimens as outlined in the protocol guidelines. We are unable to process tumor/biopsy samples, pregnancy tests, or urine screens.

Processing

Timed Draw Processing [PK, draws over several time-points]

Shipping

Storage

Courier | List locations:

International Shipping

Other:

Weekend Service [Sat 9a-1p]

Division:

Other:

DIVISION REPRESENTATIVE CONTACT INFORMATION:

Name:

Email:

COORDINATOR CONTACT INFORMATION:

Name:

Email:

Phone:

PRINCIPAL INVESTIGATOR INFORMATION:

Name:

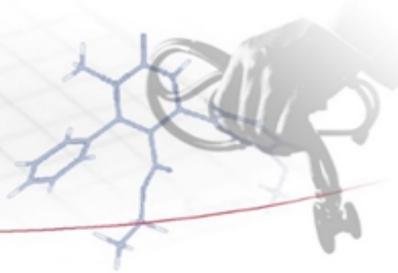
Email:

STUDY INFORMATION:

Study name:

Protocol Title:

FROM THE DEPARTMENT OF
Internal Medicine



EDUCATION RESEARCH PATIENT CARE

Billing Information:

Invoice to be sent to:

Email address:

Source of Funding for project (select one, if unknown include billing contact above):

UCPC/UC Health: Revenue Type (T-account)

UC grant/clinical trial or Internal Department Funding: UC Fund #

QUESTIONS:

For general questions about the form or process please contact us at 513-558-4287 or divisionlabservices@ucmail.uc.edu. We look forward to collaborating with you on this project. Thank you!

STOP HERE *below is for DOIM Lab Services use only* _____

Division Representative/Study Coordinator Signature:

Date _____

Principle Investigator Signature:

Date _____

DOIM Lab Services USE ONLY	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Intake Form Complete? Are all documents that are necessary for the submission included? Is there any additional information needed or to be communicated?
Comment(s), Questions, and/or Request(s) for Additional Information:	

I certify that this form is final; any changes needed/items requested have been reviewed and addressed. The DOIM Lab Services Team will follow-up to communicate timelines for work and anticipated approval.

DOIM Lab Services Team Member Signature:

Date _____