



Please complete this form and click on the Submit button at the bottom of the page. Or download form and e-mail or fax the completed form to CLRCcore@partners.org /617-726-1996.

### Study Information

Date:

Study Name:

Principal Investigator:

Provider ID:

Institution:

Brief Study Summary:

### Study Specific Questions

1. Is Funding approved for this study?

Yes  No

If NO, skip questions 2 and 3.

2. Please provide the Special Billing/Fund # :

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3. Does this study have IRB approval?

Yes  No

IRB#:

Exp. Date:

4. # Subjects in study:

5. Subject Type:  Human  Animal

6. Method of Identifying Patients:

MGH Medical Record Number

Research ID

7. Start Date:

End Date:

8. List the Test(s) to be performed:

9. Real time testing results required for study?

Yes  No

10. Specimen type to be sent to the Lab:

**Fresh Samples**  **Frozen Samples**

Whole Blood

Serum

Plasma (EDTA)

Plasma (Heparinized)

Plasma (Fluoridated)

Other

Describe:

### Study Contact Information

11. Contact Name:

12. Contact Email:

13. Contact Phone: