



BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute



Laboratory Services Utilization Form Instructions

Complete this single utilization form for any research request requiring laboratory services of either the C&W Clinical Lab or the BCCH BioBank for sample collection, processing, storage, or shipping of biospecimens. Please submit **completed form and attachments** via email to LabResearch@cw.bc.ca

Expect the following **timelines** in response to this request:

- **3 - 4 weeks** for confirmation of **approval or rejection** of request and a **signed Utilization Form and costing letter** detailing costs of the requested services to be emailed to the designated study coordinator.
- After receipt of a signed Utilization Form, **the study team MUST provide a copy of the REB approval certificate and AT LEAST 2 weeks' notice prior to the activation of a study.** This is to ensure adequate time to set up internal processes needed to complete study-specific requests.

Principal Investigator:

REB #:

Date of Form Submission:

(mm/dd/yyyy)

Type of Study: Industry- Clinical Trial → Does the sponsor require an accredited lab? No Yes Unknown
 Grant Funded
 Unfunded

Name of Sponsor/Funding Agency:

Billing Information (Please provide **complete** details including email address):

Name:

Address:

Email:

Duration of Study:

Anticipated Study Start Date:

(mm/dd/yyyy)

Anticipated Study End Date:

(mm/dd/yyyy)

Project Title (exact):

Study Coordinator:

Local:

Pager:

REB Status:

- Not yet submitted → This is a request for a cost estimate for budget purposes only: No Yes
- Pending → Date submitted or proposed submission date to REB: (mm/dd/yyyy)
- Approved → Please attach certificate



**BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute**



Total number of participants expected to enrol:

- a. Expected accrual rate of participants: (Choose one: Per week/ Per month/ Per year)
- b. Number of visits per participant:
- c. Total # samples/visit:
- d. Total # samples expected for this study (visit(s) per participant x total number of samples per visit x total number of participants):

Laboratory Involvement: Please complete **ALL** questions:

Sample Collection		
<i>Participant Information</i>		
<input type="checkbox"/> Inpatient; Indicate ward(s):		
<input type="checkbox"/> Outpatient; Indicate where participants are recruited/will come from: <input type="checkbox"/> Clinic: <input type="checkbox"/> Other:		
Do you require Research Assistant Support to:		
a) Consent patients providing these samples? <input type="checkbox"/> No <input type="checkbox"/> Yes		
b) Collect additional clinical data <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach data collection form)		
<i>Types of Samples Required</i>		
<input type="checkbox"/> Identifiable samples <input type="checkbox"/> De-identified samples		
Sample	Frequency of collection/participant	Support for collection needed?*
<input type="checkbox"/> Urine <input type="checkbox"/> Random <input type="checkbox"/> 24 hour		<input type="checkbox"/> Yes
<input type="checkbox"/> Stool		<input type="checkbox"/> Yes
<input type="checkbox"/> Saliva		<input type="checkbox"/> Yes
<input type="checkbox"/> Swabs		<input type="checkbox"/> Yes
<input type="checkbox"/> Hair		<input type="checkbox"/> Yes
<input type="checkbox"/> Cerebrospinal Fluid		<input type="checkbox"/> Yes
<input type="checkbox"/> Bone Marrow		<input type="checkbox"/> Yes
<input type="checkbox"/> Tissue		<input type="checkbox"/> Yes
<input type="checkbox"/> Blood		<input type="checkbox"/> Yes
<input type="checkbox"/> Cord Blood		<input type="checkbox"/> Yes
<input type="checkbox"/> Placenta		<input type="checkbox"/> Yes
<input type="checkbox"/> Other:		<input type="checkbox"/> Yes
<i>*If the study team will be responsible for collection of the sample, leave this field blank.</i>		
For samples requiring support for collection, are collection kits provided? <input type="checkbox"/> No <input type="checkbox"/> Yes → Specify details:		
Expected timing of collections (select all that apply): <input type="checkbox"/> Daytime (Mon-Fri: 0800-1600) <input type="checkbox"/> Evenings (after 1600)		
<input type="checkbox"/> Weekends and holidays → Specify details for evening and weekend/holiday collections:		
Same day, interval or timed sample collection required? <input type="checkbox"/> No <input type="checkbox"/> Yes → Indicate sample type(s): _____ and frequency: Q _____ hours		



**BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute**



Sample Processing and Storage Requests

Indicate any sample processing requirements/restrictions (e.g timing after collection):

Sample Storage: No Yes → Storage Temp: Room Temp 4°C -20 °C -80 °C
→ Storage Period: <30 days 1-4 months > 4 months

Please attach a copy of the Lab Manual and/or SOPs for sample processing requirements along with this form.

Sample Transport

Is sample shipment required? No Yes

If yes, who will be responsible:

Laboratory Staff Investigator/ StudyCoordinator

If laboratory, indicate requirements: Dry ice Ambient Temp 4°C.

Frequency of shipment: Same day Batched → Frequency:

Courier: FedEx World Courier (Limited to packaging and holding for pick up only) Other:

Sample Analysis

If sample analysis is required please complete following section: *Indicate the name of the test and whether or not it can be batched analyzed.*

Test name	Batched	
	Yes	No

Sample Frequency:



**BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute**



Special Study Requirements

Use this space to describe services required if the above questions do not apply to your request):

Along with this form, please attach: Study Protocol SOPs or Lab Manual Data Collection Form (if needed)



**BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute**



SIGNATURES: *for Lab use only*

Servicing Lab: C&W Lab BioBank AF (Answer Factory)

Date (mm/dd/yyyy)

Name:

Position:

Date (mm/dd/yyyy)

Name:

Position:

Date (mm/dd/yyyy)

Name:

Position: