



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 Formand
 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 Submi	ssion:
				(mm/dd/yyyy)
Health Canada Regulated	d: No Yes			
Type of Study: ☐ Industr	y- Clinical Trial ∋	Does the sponsor re	quire an accredited lab? \Box No \Box	Yes □ Unknown
☐ Grant F	unded			
☐ Unfund	ed			
Name of Sponsor/Fundi	ng Agency:			
Do you require an accre	dited lab? No	Yes		
BioBank for the research 1. If PHSA will be the department a	pelow to confirm was study once appropriately once appropriately and coding string	vhere funds will be iss oved. ally through another P	ued from to reimburse the C&W C HSA department for this research re of your coding, please contact	ı study, please provide
Planning partner BU:		und: [Department: Site:	
_	if applicable):			
2. If PHSA is to be	reimbursed exte	rnally <u>by EFT or Cheq</u>	ue, please state the external entity	y that will be issuing
the payment un	der Option A <u>or</u> B	below.		
A. Gov	ernment Related	Entity (refer to attache	ed list):	
or;				
B. Non	-Government Rela	ated Entity:		

*If unsure, please list under option B.





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Billing Information					
Name:					
Address:					
Email:					
Duration of Study:					
Anticipated Study Start Date:	/ / / / / · /	Anticipated Stu	udy End Date		/- - /- (
	(mm/dd/yyyy)			(mr	n/dd/yyyy)
Project Title (exact):					
			,		
Study Coordinator:	Loca	l:		Pager:	
REB Status:					
\square Not yet submitted \Rightarrow This is	a request for a cost estima	te for budget purp	ooses only:	No Yes	
\square Pending $ o$ Date submitted o	r proposed submission dat	e to REB: (mm/dd	l/yyyy)		
☐ Approved → Please attach c	ertificate				
Total number of participants expected to	o enrol:				
a. Number of visits	per participant:	(Choose one:	Per week/	Per month/	Per year)
b. Total # samples/\	visit:				
c. Total # samples e	expected for this study (vis	it(s) per participan	t x total numb	er of samples pe	er
visit x total numb	er of participants:				





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Laboratory Involvement: Please complete ALL questions:

Sample Collection			
Participant Information			
☐ Inpatient; Indicate ward(s):			
□ Outpatient; Indicate where participants are recruited/will come from: □ Clinic:			
	□ Other:		
Do you require Research Assi	· ·		
a) Consent patients prov	·	_	
b) Collect additional clinic	cal data No Yes (if yes, attach data collection	form)	
Types of Samples Required ☐ Identifiable samples	□ De identified comples		
-	☐ De-identified samples		
Sample	Frequency of collection/participant	Support for collection needed?*	
☐ Urine		□ Yes	
☐ Random			
☐ 24 hour			
☐ Stool		☐ Yes	
□ Saliva		☐ Yes	
□ Swabs		☐ Yes	
□ Hair		☐ Yes	
☐ Cerebrospinal Fluid		☐ Yes	
☐ Bone Marrow		☐ Yes	
☐ Tissue		☐ Yes	
☐ Blood		☐ Yes	
☐ Cord Blood		☐ Yes	
□ Placenta		☐ Yes	
□ Other:		☐ Yes	
*If the study team will be respo	onsible for collection of the sample, leave this field blank.		
, , , , , , , , , , , , , , , , , , , ,	or collection, are collection kits provided? \square No \square Yes $ o$ Specify deta		
Expected timing of collections (select all that apply): □ Daytime (Mon-Fri: 0800-1600) □ Evenings (after1600) □ Weekends and holidays → Specify details for evening and weekend/holiday collections:			
Same day, interval or timed sar Qhours	mple collection required? \square No \square Yes $ o$ Indicate sample type(s):	and frequency:	





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Sample Processing and Storage Requests					
Indicate any sample processing requirements/restrictions (e.g timing after collection):					
Sample Storage: ☐ No ☐ Yes → Storage Temp: ☐ Room Tempt ☐ 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/	Study Coordir	nator			
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: <i>Indicate the name of the test and whether or not it can be batched analyzed.</i> Batched					
Test name	Yes	No			
Sample Frequency:					





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Special Study Requirements Use this space to describe services required if the above questions do not apply to your request):	
Along with this form, placed attach: □ Study Protocol □ SOPs or Lah Manual □ Data Collection Form (if peeded)	
Along with this form, please attach: ☐ Study Protocol ☐ SOPs or Lab Manual ☐ Data Collection Form (if needed)	





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IGNATURES: for Lab use only	Servicing Lab: □ C&W Lab □ BioBank □AF (Answer Facto
Date (mm/dd/yyyy)	Name
	Position
Date (mm/dd/yyyy)	Name
	Position
Date (mm/dd/yyyy)	Name
	Position

GOVERNMENT REPORTING ENTITY

Version update: December 31, 2018

ALL OF THE FOLLOWING ARE PART OF THE GOVERNMENT REPORTING ENTITY.

CROWN CORPORATIONS & AGENCIES

B.C. Games Society

B.C. Pavilion Corporation

BC Immigrant Investment Fund Ltd

BC Infrastructure Benefits Inc.

BCNET

BC Public School Employers' Association

BC Transportation Financing Authority

British Columbia Assessment Authority

British Columbia Council for International Education

British Columbia Housing Management Commission

British Columbia Securities Commission

British Columbia Transit

Canadian Blood Services

Columbia Basin Trust

Community Living British Columbia

Community Social Services Employers' Association

Creston Valley Wildlife Management Authority Trust Fund

Crown Corporations Employers' Association

Destination BC Corp.

First Peoples' Heritage, Language and Culture Council

Forest Enhancement Society of BC

Forestry Innovation Investment Ltd

Health Employers Association of BC

Industry Training Authority

Innovation BC

Knowledge Network Corporation

Legal Services Society

Nechako-Kitamaat Development Fund Society

Oil and Gas Commission

Organized Crime Agency of British Columbia Society

Partnerships British Columbia Inc

Post Secondary Employers' Association

Provincial Rental Housing Corporation

Real Estate Council of British Columbia

Real Estate Foundation of British Columbia

The Royal British Columbia Museum Corporation

GOVERNMENT REPORTING ENTITY (Continued)

SUCH (Schools Districts, Universities, Colleges and Health)

Colleges and Institutes:
British Columbia Institute of Technology
Camosun College
College of New Caledonia
College of the Rockies
Douglas College

Justice Institute of British Columbia Langara College

Nicola Valley Institute of Technology

North Island College

Northern Lights College

Coast Mountain College

Okanagan College

Private Career Training Institutions Agency

Selkirk College

Vancouver Community College

Universities:

Capilano University

Emily Carr University of Art and Design

Kwantlen Polytechnic University

Royal Roads University

Simon Fraser University

Thompson Rivers University

University of British Columbia

University of the Fraser Valley

University of Northern British Columbia

University of Victoria

Vancouver Island University

Health Authorities:

Fraser Health Authority

Interior Health Authority

Northern Health Authority

Vancouver Coastal Health Authority

Vancouver Island Health Authority

Provincial Health Services Authority

Hospital Societies & Other:

Nisga'a Valley Health Centre

Louis Brier Home and Hospital

Menno Hospital (Mennonite Benevolent Society)

Mount St. Mary Hospital (The Marie Esther Society)

Providence Health Care (incl St. Paul's, Chara, Holy Family)

St. Joseph's General Hospital (Bishop of Victoria)

St. Michael's Centre