

CLINICAL TRIALS & RESEARCH SERVICES CHECKLIST

TRIAL/RESEARCH PROJECT TITLE: _____

1. **CLINICAL TRIALS AND RESEARCH SERVICES REQUEST FORM** completed and submitted. Be as complete as possible when submitting the request form. This information is used to prepare the billing quote for budget preparation. *Any information initially missing will need to be submitted as soon as it is available.*
 - Department Information
 - Principal Investigator Information
 - Coordinator Information
 - Panic Contact Information
 - Anticipated Start Date
 - Transfusion Medicine or Anatomic Pathology involved?
 - Number of patients anticipated for study
 - Testing schedule (days, evenings, etc.)
 - Confidential Fax Number
 - Billing Information
 - Using GCRC?
 - Specific Test List
 - Shipping Involved?
 - Funding Agency
 - Protocol Name and Number
 - O.R. Battery Information returned (if desired)

2. **PROTOCOL OR APPLICABLE WRITTEN MATERIAL** submitted for IRB Approval forwarded to Pathology Clinical Trials Coordinator. This information is read to assure all needed testing is captured and priced appropriately. *Please forward before requesting pricing information.*
 - Protocol forwarded to Pathology Clinical Trials Coordinator
 - If applicable, Lab Manual (handling/shipping instructions) forwarded to Pathology Clinical Trials Coordinator

3. **BUDGET INFORMATION:**
 - All applicable departments contacted?

4. **DEPARTMENT OF PATHOLOGY PRICING PROPOSAL AND SERVICE AGREEMENT:**
 - Has signed copy been returned (via fax or campus mail) to the Pathology Clinical Trials Coordinator?

5. **IRB/WIRB APPROVAL:**
 - Has a copy of the IRB/WIRB approval been forwarded to the Pathology Clinical Trials Coordinator?

6. **SHIPPING AND HANDLING:** (If applicable) Deliver only a limited amount of supplies at a time, the lab will call the research coordinator for more as needed.
 - Shipping boxes delivered to the lab?
 - Shipping forms delivered to the lab? (Fed Ex, etc.)

****DO NOT have your department name typed in the "From" section. Our shipping address will be used to assure sample integrity in the event any shipments are returned for any reason. You may have the Pathology Department's address preprinted in this section. You may obtain this information from the Pathology Clinical Trials Coordinator.**

7. **TWO WEEKS ADVANCE ENROLLMENT NOTICE:** *The lab must be notified a full two weeks in advance of patient enrollment.* This time is required for computer account set up, requisition design and printing, department in-service, etc.
 - Lab notified