

## UKHealthCare Clinical Laboratory Research Questionnaire

1. Do you have an approved IRB and patient consent? If yes, please email both to morgan.miller2@uky.edu

□ Yes □ No

- 2. Who is the study coordinator/contact? \_\_\_\_\_
- 3. What is the study coordinator/contact's phone number? \_\_\_\_\_
- 4. Has an institutional account been established?
  - □ Yes
  - □ No
- 5. Is the established account a plan code or a 9900 account?
  - □ Plan Code
  - □ 9900 Account

6. What is the established plan code or 9900 account?

- 7. Select the two unique identifiers that will be used to identify the subject.
  - UK Medical Record Number and Date of Birth
  - □ Subject ID and sample ID
- 8. Are you requesting for the Clinical Laboratory to perform the testing or provide processing and temporary storage?
  - □ Perform specific testing
  - □ Processing & storage
- 9. If performing testing, what fax number should be used for auto-faxing the results? \_\_\_\_\_
- 10. Would you like auto-faxing scheduled upon completion of each result or would you prefer results to all fax once daily?

□ Faxed upon completion of each result

 $\Box$  Faxed once daily

11. Who is the Primary Investigator and what is their credentials?