

## REQUEST TO SET UP RESEARCH STUDY 2023-2024

Whenever possible, the ZSFG Clinical Laboratory will honor requests in connection with research projects for tests that we perform, provided that the requested services do not interfere with our primary responsibility of clinical testing for patient care. To process your request and determine pricing, we will need the following information:

Today's date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Physician's ID Number: \_\_\_\_\_

Name of Study: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_ FAX #: \_\_\_\_\_

Emergency telephone or beeper number (24 hours): \_\_\_\_\_  
(Required)

**CHR or other IRB Approval Number:** \_\_\_\_\_  
(Required)

Have you completed the ZSFG Protocol Application? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Form is available for download at website <https://sfgh.ucsf.edu/protocol-applications-zsfq>. Please return the form to ZSFG Dean's Office).

### COA:

Fund	Dep ID	Project ID	Activity Period	Function	Flex
_____	_____	_____	_____	_____	_____

**Does this account/contract involve federal funding?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Account Name: \_\_\_\_\_ Department: \_\_\_\_\_

Project starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Study participants (please check one): Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_ Animal \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE USE THE ATTACHED "RESEARCH TESTS ORDER FORMS" TO LIST TESTS NEEDED.

Your **four-letter study C O D E**, for billing: \_\_\_\_\_  
(Use letters only; You will be notified immediately if the code you have selected cannot be used).

\_\_\_\_\_  
Study Contact Signature

Please complete this form and the Research Study Test Order forms, and return all to:

Barbara Haller, MD, PhD  
Director, ZSFG Clinical Laboratory  
Bldg. 5, Rm 2M14  
FAX: 628-206-3045

For more information, refer to the Clinical Laboratory Manual (on-line at <https://www.testmenu.com/zsfqlab>), or call the Director's office at x68588.

### DO NOT WRITE BELOW THIS LINE

#### DIVISION APPROVALS

Chemistry \_\_\_\_\_ Blood Bank \_\_\_\_\_ Administration: \_\_\_\_\_  
Hematology \_\_\_\_\_ Microbiology \_\_\_\_\_  
LIS \_\_\_\_\_ Specimen Processing \_\_\_\_\_