

## REQUEST TO SET UP RESEARCH STUDY 2024-2025

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:  
 ZSFG Clinical Laboratory  
 1001 Potrero Avenue, Building 5, 2M14  
 San Francisco, CA 94110  
 Email: juliette.vasquez2@ucsf.edu or, Andy.Yeh@ucsf.edu

For more information, refer to the Clinical Laboratory Manual (on-line at <https://www.testmenu.com/zsfglab>), or call the Director's office at 628-206-8588.

**DO NOT WRITE BELOW THIS LINE**  
**DIVISION APPROVALS**

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



## RESEARCH STUDY – TEST ORDER FORM 2024-2025

Please note that there is a \$25 surcharge added to the price of each test or test panel for STAT service. Some tests may not be available on a stat basis.

List any other test(s) needed for your study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Results Reporting:

Please provide the following **required** information regarding testing volume:

Number of patients enrolled? \_\_\_\_\_ How often will patients be drawn for testing? \_\_\_\_\_

How many samples will be submitted per week (approx.)? \_\_\_\_\_

**Special handling** required? No

Yes  Centrifuge and Hold at Specified Temperature, \$19.50 per Specimen.

Yes  Other, please describe (Note: Additional charge for special handling to be determined).

\_\_\_\_\_

**Special reports** required? No  Yes

If yes, please describe (Please note: There is an additional charge for special reports.)

\_\_\_\_\_

\_\_\_\_\_

**Results in EPIC/EMR?** No  Yes

If yes, the patient's name and medical record number must be provided. Please inform your patients that these research study results will be available in the electronic and paper Medical Records.

Do you currently have a special mail slot in 2M (pick-up location) for your reports? No  Yes

If yes, please list your four-letter CODE \_\_\_\_\_.

Do you need a mail slot in 2M for this study? No  Yes

Please complete these forms and the Request to Set Up Research Study form, and return all to:

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1001 Potrero Avenue, Building 5, Rm 2M14.  
San Francisco, CA 94110  
Via email: juliette.vasquez2@ucsf.edu  
or, Andy.Yeh@ucsf.edu