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In an effort to assist you in the most accurate and efficient way possible, please provide us with the following information. If any field does not pertain to your particular study, please enter "N/A". Once completed, please fax this form back, with a copy of your IRB, to **464-6820** (Clinical Pathology, Customer Service). You can also e-mail pathlab@upstate.edu with a PDF copy of this form and any additional questions or comments that you may have.
Lab test pricing for new accounts after 6/1/2017 will use the Hospital Schedule #803.

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|--|-----------------------------------|
| Name of Study: | |
| IRB #: | Project, Award, or Task #: |
| Acronym (if requested): | Sponsor Name: |
| Sponsor Address: | |
| PI Name: | PI Address and Phone#: |
| CRA Name: | CRA Phone #: |
| Billing Contact: | Billing Address: |
| Start Date: | End Date: |
| Number of Subjects: | Critical Value Phone #: |
| Human or Non-Human Subjects (please specify)? | |
| Will samples be taken on an inpatient or outpatient basis? | |
| Are you requesting existing Clinical Laboratory Data/Reports? | |
| Type and frequency of samples (attach protocol if necessary): | |
| Testing or Services Needed: | |
| Special Requests/Additional Information: | |