**Laboratory Research Request Form**

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| **TITLE OF PROJECT:** **REB#: Project short/nickname:** |
| **FUNDED BY:** [ ]  VCH [ ]  Other**TYPE OF FUNDS:** [ ]  Research Grant [ ]  Industry [ ]  Other **NAME:**  |
| **PROJECT DURATION**:  Starting Date: Completion Date: **Patient enrolment amount:**  |

**Research Test Request (VGH only)**

Please check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Test Code** | **No. of Patients** | **No. of Tests Per Patient** |
| [ ]  | Specimen collection  | DSPR1 |  |  |
| [ ]  | Fax results – local  | FX |  |  |
| [ ]  | Complete blood count  | CBC |  |  |
| [ ]  | CBC with differential  | CBCDIF |  |  |
| [ ]  | Reticulocyte  | RET |  |  |
| [ ]  | Prothrombin Time and INR  | SPT |  |  |
| [ ]  | INR (International Normalized Ratio) | INR |  |  |
| [ ]  | PTT (Activated PTT, APTT) | PTT |  |  |
| [ ]  | Fibrinogen  | QFIB |  |  |
| [ ]  | D-DIMER  | DDIM |  |  |
| [ ]  | Sodium  | NA |  |  |
| [ ]  | Potassium  | K |  |  |
| [ ]  | Chloride  | CL |  |  |
| [ ]  | Total CO2  | TCO2 |  |  |
| [ ]  | Urea  | URE |  |  |
| [ ]  | Creatinine  | CRE |  |  |
| [ ]  | Glucose  | GLUC |  |  |
| [ ]  | Fasting glucose  | FPG |  |  |
| [ ]  | Direct bilirubin  | DBIL |  |  |
| [ ]  | Total bilirubin  | TBIL |  |  |
| [ ]  | Alkaline phosphatase  | ALKP |  |  |
| [ ]  | ALT  | ALT |  |  |
| [ ]  | Albumin  | ALB |  |  |
| [ ]  | GGT  | GGT |  |  |
| [ ]  | AST  | AST |  |  |
| [ ]  | Total Protein  | TP |  |  |
| [ ]  | Lactate Dehydrogenase  | LD |  |  |
| [ ]  | Uric Acid  | URCA |  |  |
| [ ]  | Creatine Kinase  | CK |  |  |
| [ ]  | Natriuretic Peptide B Prohormone  | LBNP |  |  |
| [ ]  | Glycated hemoglobin  | HA1C |  |  |
| [ ]  | Calcium  | CA |  |  |
| [ ]  | Phosphate  | PO4 |  |  |
| [ ]  | Magnesium  | MG |  |  |
| [ ]  | Troponin  | HSTI |  |  |
| [ ]  | Thyroid Stimulating Hormone  | TSH |  |  |
| [ ]  | Free T3  | FT3 |  |  |
| [ ]  | Free T4  | FT4 |  |  |
| [ ]  | LIPID (includes cholesterol, triglycerides, HDL, and LDL calculated) | LIPID |  |  |
| [ ]  | Amylase  | AMY |  |  |
| [ ]  | Lipase  | LIPA |  |  |
| [ ]  | Sedimentation rate  | ESRB |  |  |
| [ ]  | C - reactive protein  | CRPB |  |  |
| [ ]  | Pregnancy test – serum  | HCG |  |  |
| [ ]  | Urinalysis Macroscopic  | RTU |  |  |
| [ ]  | Urinalysis Macroscopic (dipstick) with Microscopic if indicated  | RTUM |  |  |
| [ ]  | Urine microscopy  | URMIC |  |  |
| [ ]  | Protein Electrophoresis, Serum  | PEP |  |  |
| [ ]  | Protein Pattern Immunofixation (Immunoglobulin Electrophoresis)  | IF |  |  |
| [ ]  | Protein Electrophoresis Urine 24 Hour  | PEPU |  |  |
| [ ]  | Urine time (ordered with all 24 hr urines) | UTIM |  |  |
| [ ]  | Immunofixation Urine 24 hr urine  | IFU |  |  |
| [ ]  | Creatinine Urine 24hr (mandatory for all 24 hr urines) | CRU |  |  |
| [ ]  | Alpha-Fetoprotein  | ALFPB |  |  |
| [ ]  | Beta 2 Microglobulin  | BSMB |  |  |
| [ ]  | Cancer Antigen 125  | CA125B |  |  |
| [ ]  | Cancer Antigen 15-3  | CA153B |  |  |
| [ ]  | Cancer Antigen 19-9  | CA19B |  |  |
| [ ]  | Carcinoembryonic Antigen  | CEAB |  |  |
| [ ]  | PSA, Total | PSAB |  |  |
| [ ]  | Total and Free PSA  | PSAFB |  |  |
| [ ]  | Testosterone (Tumour Marker)  | TESTMB |  |  |
| [ ]  | Beta HCG (Tumour Marker)  | HCGTMB |  |  |
| [ ]  | If the test is not listed above, please list below. \*Add more rows if required\* |  |  |  |

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| --- |
| **Excluding the above tests, are there any tests to be done as part of the Standard of Care** **(i.e. not for research purposes)?**[ ]  No [ ]  Yes; please specify:  |
| **Does this study require central lab processing?**[ ]  No [ ]  Yes; please include the central lab manual for review.  |
| **Location of study participation:** [ ]  Vancouver General Hospital [ ]  UBC [ ]  BC Cancer Agency**If at VGH or BC Cancer, will the study be on Powerplan?** [ ]  No [ ]  Yes   |
| **Does this study require phlebotomy from Medical Laboratory Assistants on outpatients or inpatients?**[ ]  Local lab [ ]  Central lab [ ]  Both |
| **Does this study require analysis of bone marrow samples at the lab?** [ ]  No [ ]  Yes; please specify testing requirements:  |
| **Does this study require analysis of samples other than blood and bone marrow at the lab?** [ ]  No [ ]  Yes; please specify testing requirements:  |
| **Will you require the results faxed to you?**  [ ]  No [ ]  Yes; Fax #:  |
| **Can you confirm the billing address for the study and who it should be addressed to?** |