**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:

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| **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?** |