

Research Study Setup Request Form

Complete this form and e-mail to info@myofrastand.com
Allow 7-10 business days to complete routine study set-up.

Complex projects may require additional study setup lead time. Incomplete information will delay the study setup process.

Requester name:	Date requested:
Department:	Protocol #: 0168
Phone number:	Full Study Name:
FAX:	
Email:	Study Sponsor:

A. Contact information:

Principal Investigator:	Title:	Department:	Phone:	Email:
Study Coordinator:		Department:	Phone:	Email:
Billing Contact:		Department:	Phone:	Email:
Other:		Department:	Phone:	Email:

B. Study Size, Type, Specimen type:

- a) Is this one of many sites participating in a larger multicenter study? Yes No
- b) Will this study be characterized as a pre-clinical phase study (PCP) or a basic research (BR)? PCP BR
- c) Specimen Type (check one)
 - Fixed Formalin
 - Frozen Tissue (Please follow Histological Processing)
 - Paraffin Blocks
 - Gluteraldehyde
 - Cell Culture Plates
 - Cell Culture Slides stained* unstained
 - Tissue Sample Slides stained* unstained
 - X-Rays
 -

Other _____

*Please identify the antibodies conjugated to fluorophores.

- d) Is the specimen infectious? Yes No

C. Histological Processing:

- a) How will samples be processed:

- Collected/prepared for transport to a Central Lab (please provide processing instructions or follow the protocol for quantitative analysis)
- Tested and/or stored at Myofrastand Labs
- Both
- Other (please explain) _____

- b) Subjects: Human Animal
- c) Number of Subjects: _____ # Lab visits per subject: _____ Age and Gender: _____
- d) Will samples be collected or sent at multiple visits? Yes No
- If yes provide an attached schedule of events.

D. Reporting Requirements:

- a) Preferred report delivery method (check one)
- FAX FAX Number: _____
 - Mail Mail Box#: _____
 - None (will retrieve through e-record)

➤ List all analysis that will be made and reported by Myofrastand lab:

Numerical Density		Total Number		Mean Area		Area fraction	
Volume Density		Total Volume		Surface Area		Length	

E. Specimen Storage, Processing, Packaging, Shipping (Optional):

Unless otherwise specified all samples analyzed at Myofrastand will be stored according to normal lab practices.

- After analysis, will Short Term Specimen Storage Required: (Less than 1 week) Yes No
 - If yes, indicate required storage temperature(s):
 - 20° Freezer Ambient
 - 80° Freezer Other requirements: _____
 - Refrigerator Special specimen storage request
- After analysis, will Long Term Specimen Storage Required : (More than 1 week) Yes No
 - If yes, indicate required storage temperature(s):
 - 20° Freezer Ambient
 - 80° Freezer Other requirements: _____
 - Refrigerator Special specimen storage request
- Will Myofrastand be required to ship samples with an external courier, e.g. FedEx or UPS? Yes No If yes, list which courier is needed: _____
- Will the study sponsor provide kits? Yes No
- Please list if there are any special packaging/shipping requests (e.g. dry ice) _____

F. Lab Requisitions

- Requisition proof approver name and email: _____
- Will hard copies of PDF requisitions from Myofrastand be requested? PDF Hardcopies
 - If hardcopies are needed:
 - Number of requisitions: _____

If your study requires additional lab services that are not listed on this form please call 917-609-3872 at the time you submit this form to discuss.