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| Access Request Form (Research Application) – NSW Health Pathology |
| **SECTION C – REQUEST FOR PATHOLOGY OR FORENSIC SERVICES**  (Sample collection, processing, or testing) |

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| **Please specify the NSWHP services required (please select all that applies)** |
| Blood collection(s) – please complete section (1) Blood collection services  Biospecimen processing – please complete section (2) Specimen processing services  Biospecimen packing and transport – please complete section (3) Specimen packing and transport services  Pathology testing (excluding tissue pathology) – please complete section (4) Pathology tests (excl AP tissue) |

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| **Samples to be tested/processed by NSWHP:** |
| Blood  Saliva / sputum  Nasopharyngeal  Urine  Stool  Bone Marrow – aspirate / trephine  Other Body Fluid(s): |

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| **(1) BLOOD COLLECTION SERVICES** |
| **Who will perform the collections?**  NSWHP  Hospital staff (non-NSWHP employees)  Both of the above |
| **Are there multiple timed collections required?**  Yes  Please check: Pharmaco Kinetics (PK)  Adenosine Deaminase (ADA)  Targeted biomarkers  Others:  No |
| **Where are the collections to go?**   * Local NSWHP laboratory for testing * Central NSWHP laboratory for testing – please specify location Click here to enter text. * Central NSWHP laboratory for temp. storage and pick-up – please specify location Click here to enter text. * Central laboratory outside NSWHP:   Name of Central Laboratory:  Address of Central Laboratory:  Other: |
| **For central laboratory testing, will collection kits be provided by the Sponsor?**  Yes  No - if no, please provide details of the required tubes:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | EDTA  (Purple) | Citrate  Light Blue) | Lith Hep  (Light Green) | Hep  (Dark green) | Plain  (Gold) | SST (Yellow) | Flouride Oxale (Grey) | Other | | Volume required |  |  |  |  |  |  |  |  | | How many of each tube is to be collected? |  |  |  |  |  |  |  |  | |

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| **(2) SPECIMEN PROCESSING SERVICES** | |
| **Do the specimens need to be centrifuged (spun down)?**  Yes No | **If yes, please outline the following:**   * Minutes: * RCF (G’s) or RPM: * Temperature: |
| **Do the specimens need to be separated into aliquot tubes?**  Yes No | **If yes, please outline the following:**   * No. of tubes: * Vol. per tube: µl / mls * Will aliquot tubes and labels be provided? Yes No |
| **Do the specimens need to be stored until transport?**  Yes No  *Note – we can only offer a maximum of 6-months storage.* | **If yes, please outline the following:**   * Temp (oC): * Length of storage (days/wks/mths/yrs):     *(please note: there is a maximum 6-month storage)* |

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| (3) SPECIMEN PACKAGING AND TRANSPORT SERVICES | |
| **Do samples need to be packed for transport by NSWHP?**  Yes:  Cold temp esky (ice bricks)  Dry Ice  Room temp esky  Other:  No | |
| **Will packing/shipper kits (including Waybill) be provided by the sponsor?**  Yes  No | |
| **Are there multiple timed collections required?**  Yes  No | |
| **Where do specimens need to be sent?** | Intrastate:  Interstate:  International:  **Please outline courier details below:**   |  |  | | --- | --- | | Courier Company |  | | Account Number |  | | Destination Contact Name |  | | Contact Phone Number |  | | Destination Address |  | |
| **Despatch Requirements:** | **Despatch on:**  Monday  Tuesday Wednesday Thursday Friday |

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| **(4) PATHOLOGY TESTS (EXCL. AP TISSUE)**  *Tests are NOT considered “standard patient care” if they are requested for the study purposes only, i.e., they are needed because the participant is involved in the study and would not otherwise be required for patient care*. | | | |
| **Test** | **Name of test** | **Frequency** | **Part of standard patient care\*** |
| *1* | *Albumin, Alkaline Phospatase, ALT, Amylase, AST, Creatinine, etc.* | *Once* | *Yes* |
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The more information you provide, the easier it will be for us to provide you with a correct quote.