This form (updated March 2018) is required from anyone using the shared laboratory spaces (QM-74 at the Civic; Biochemistry Lab at the Riverside) or the Clinical Research Laboratory at the General Campus (CCW 3132). It must be completed in addition to EORLA / Pathology & Laboratory Medicine requirements.

The purpose of the form is to assist the OHSN-REB and OHRI in clarifying your research study sample procurement, processing, storage needs and requirements if you will be collecting patient specimens (blood, serum, plasma, buffy coat cells) as part of your research protocol. It also will provide OHRI Administration with contact information in case of emergency / alarms.

Please answer all questions and send the form to [ClinicalResearchAdmin@ohri.ca](mailto:ClinicalResearchAdmin@ohri.ca). The initial approval will be e-mailed to you and this copy may be uploaded to your OHSN-REB application. The original signed copy will be returned to you via internal mail.

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| Investigator Name |  |  |
| Coordinator Name |  |
| Electronic approval  should be sent to | *(e-mail address)* |
| Original approval  should be sent to | *(internal mailing address)* |
| Protocol Title |  |
| OHSN-REB Protocol ID#  or Application Form ID# |  |

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| Do you require the EORLA Laboratory Medicine Services for Phlebotomy and/or Laboratory sample front-end processing? | **Yes** | **No** | **If Yes:**  In addition to submitting this form, you must complete EORLA requirements to set up processing for your study. |
| Will study sample processing be performed at the General Campus? | **Yes** | **No** | **If Yes:**  Staff in CCW 3132 will perform the processing of study samples. Contact them to set up processing for your study. |
| Will study sample processing be performed by study staff? | **Yes** | **No** | **If Yes:**  **Samples to be Processed in:**  🞎 Civic: EORLA Research Lab: QM-74  🞎 Riverside: EORLA Lab-Biochemistry  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Will you require freezer space for storage of samples?  **LABEL REQUIREMENTS FOR FREEZER STORAGE:**  **OHSN-REB #**  **Study Title**  **PI Name**  **Coordinator Name**  **Contact Info** | | **Yes** | **No** | **If Yes:**  **Samples to be stored in:**  🞎 Civic: EORLA Research Lab: QM-74  🞎 General: CCW 3132  🞎 Riverside: EORLA Lab-Biochemistry  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Sample Storage Temperature**  🞎 -20oC 🞎 -80oC  **Sample Storage Detail:**   * Total Number of Samples to be Stored: * Sample Vial Size in mL: * Storage Period (indicate end date): * Special Requirements: * Additional Details: |
| **Freezer Assigned Space (to be completed by Administration)** | | | | |
| **Freezer Location**  **Shelf Number(s)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **campus, room number**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **freezer name/number**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Administration Approval** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **date** | | | |