



BC Children's Hospital & BC Women's Hospital and Health Centre
BC Children's Hospital Research Institute



Laboratory Services Utilization Form Instructions

Complete this single utilization form for any research request requiring laboratory services of either the C&W Clinical Lab or the BCCH BioBank for sample collection, processing, storage, or shipping of biospecimens. Please submit **completed form and attachments** via email to LabResearch@cw.bc.ca

Expect the following **timelines** in response to this request:

- **3 - 4 weeks** for confirmation of **approval or rejection** of request and a **signed Utilization Form and costing letter** detailing costs of the requested services to be emailed to the designated study coordinator.
- After receipt of a signed Utilization Form, **the study team MUST provide a copy of the REB approval certificate and AT LEAST 2 weeks' notice prior to the activation of a study.** This is to ensure adequate time to set up internal processes needed to complete study-specific requests.

Principal Investigator:

REB #:

Date of Form Submission:

(mm/dd/yyyy)

Health Canada Regulated: No Yes

Type of Study: Industry- Clinical Trial → Does the sponsor require an accredited lab? No Yes Unknown
 Grant Funded
 Unfunded

Name of Sponsor/Funding Agency:

Do you require an accredited lab? No Yes

Financial Information Required – Payment Source:

Please follow the steps below to confirm where funds will be issued from to reimburse the C&W Clinical Lab or the BCCH BioBank for the research study once approved.

1. If PHSA will be reimbursed internally through another PHSA department for this research study, please provide the department and coding string below. If you are unsure of your coding, please contact your Business Planning partner for assistance.

BU:

Fund:

Department:

Site:

Project (if applicable):

2. If PHSA is to be reimbursed externally by EFT or Cheque, please state the external entity that will be issuing the payment under Option A or B below.

A. Government Related Entity (refer to attached list):

or;

B. Non-Government Related Entity:

*If unsure, please list under option B.



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3. Billing Information

Name:

Address:

Email:

Duration of Study:

Anticipated Study Start Date:

(mm/dd/yyyy)

Anticipated Study End Date:

(mm/dd/yyyy)

Project Title (exact):

Study Coordinator:

Local:

Pager:

REB Status:

- Not yet submitted → This is a request for a cost estimate for budget purposes only: No Yes
- Pending → Date submitted or proposed submission date to REB: (mm/dd/yyyy)
- Approved → Please attach certificate —

Total number of participants expected to enrol:

- a. Number of visits per participant: (Choose one: Per week/ Per month/ Per year)
- b. Total # samples/visit:
- c. Total # samples expected for this study (visit(s) per participant x total number of samples per visit x total number of participants:



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Laboratory Involvement: Please complete **ALL** questions:

Sample Collection

Participant Information

- Inpatient; Indicate ward(s):
- Outpatient; Indicate where participants are recruited/will come from: Clinic: Other:

Do you require Research Assistant Support to:

- a) Consent patients providing these samples? No Yes
- b) Collect additional clinical data No Yes (if yes, attach data collection form)

Types of Samples Required

- Identifiable samples De-identified samples

Sample	Frequency of collection/participant	Support for collection needed?*
<input type="checkbox"/> Urine <input type="checkbox"/> Random <input type="checkbox"/> 24 hour		<input type="checkbox"/> Yes
<input type="checkbox"/> Stool		<input type="checkbox"/> Yes
<input type="checkbox"/> Saliva		<input type="checkbox"/> Yes
<input type="checkbox"/> Swabs		<input type="checkbox"/> Yes
<input type="checkbox"/> Hair		<input type="checkbox"/> Yes
<input type="checkbox"/> Cerebrospinal Fluid		<input type="checkbox"/> Yes
<input type="checkbox"/> Bone Marrow		<input type="checkbox"/> Yes
<input type="checkbox"/> Tissue		<input type="checkbox"/> Yes
<input type="checkbox"/> Blood		<input type="checkbox"/> Yes
<input type="checkbox"/> Cord Blood		<input type="checkbox"/> Yes
<input type="checkbox"/> Placenta		<input type="checkbox"/> Yes
<input type="checkbox"/> Other:		<input type="checkbox"/> Yes

**If the study team will be responsible for collection of the sample, leave this field blank.*

For samples requiring support for collection, are collection kits provided? No Yes → Specify details:

Expected timing of collections (select all that apply): Daytime (Mon-Fri: 0800-1600) Evenings (after 1600)
 Weekends and holidays → Specify details for evening and weekend/holiday collections:

Same day, interval or timed sample collection required? No Yes → Indicate sample type(s): _____ and frequency:
 Q _____ hours



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Sample Processing and Storage Requests

Indicate any sample processing requirements/restrictions (e.g timing after collection):

Sample Storage: No Yes → Storage Temp: Room Temp 4°C -20 °C -80°C
→ Storage Period: <30 days 1-4 months > 4 months

Please attach a copy of the Lab Manual and/or SOPs for sample processing requirements along with this form.

Sample Transport

Is sample shipment required? No Yes

If yes, who will be responsible:

Laboratory Staff Investigator/ Study Coordinator

If laboratory, indicate requirements: Dry ice Ambient Temp 4°C.

Frequency of shipment: Same day Batched → Frequency:

Courier: FedEx World Courier (Limited to packaging and holding for pick up only) Other:

Sample Analysis

If sample analysis is required please complete following section: *Indicate the name of the test and whether or not it can be batched analyzed.*

Test name	Batched	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Sample Frequency:



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Special Study Requirements

Use this space to describe services required if the above questions do not apply to your request):

Along with this form, please attach: Study Protocol SOPs or Lab Manual Data Collection Form (if needed)



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SIGNATURES: *for Lab use only*

Servicing Lab: C&W Lab BioBank AF (Answer Factory)

Date (mm/dd/yyyy)

Name

Position

Date (mm/dd/yyyy)

Name

Position

Date (mm/dd/yyyy)

Name

Position

GOVERNMENT REPORTING ENTITY

Version update: December 31, 2018

ALL OF THE FOLLOWING ARE PART OF THE GOVERNMENT REPORTING ENTITY.

CROWN CORPORATIONS & AGENCIES

B.C. Games Society
B.C. Pavilion Corporation
BC Immigrant Investment Fund Ltd
BC Infrastructure Benefits Inc.
BCNET
BC Public School Employers' Association
BC Transportation Financing Authority
British Columbia Assessment Authority
British Columbia Council for International Education
British Columbia Housing Management Commission
British Columbia Securities Commission
British Columbia Transit
Canadian Blood Services
Columbia Basin Trust
Community Living British Columbia
Community Social Services Employers' Association
Creston Valley Wildlife Management Authority Trust Fund
Crown Corporations Employers' Association
Destination BC Corp.
First Peoples' Heritage, Language and Culture Council
Forest Enhancement Society of BC
Forestry Innovation Investment Ltd
Health Employers Association of BC
Industry Training Authority
Innovation BC
Knowledge Network Corporation
Legal Services Society
Nechako-Kitimaat Development Fund Society
Oil and Gas Commission
Organized Crime Agency of British Columbia Society
Partnerships British Columbia Inc
Post Secondary Employers' Association
Provincial Rental Housing Corporation
Real Estate Council of British Columbia
Real Estate Foundation of British Columbia
The Royal British Columbia Museum Corporation

GOVERNMENT REPORTING ENTITY (Continued)

SUCH (Schools Districts, Universities, Colleges and Health)

Colleges and Institutes:
British Columbia Institute of Technology
Camosun College
College of New Caledonia
College of the Rockies
Douglas College

Justice Institute of British Columbia
Langara College
Nicola Valley Institute of Technology
North Island College
Northern Lights College
Coast Mountain College
Okanagan College
Private Career Training Institutions Agency
Selkirk College
Vancouver Community College

Universities:

Capilano University
Emily Carr University of Art and Design
Kwantlen Polytechnic University
Royal Roads University
Simon Fraser University
Thompson Rivers University
University of British Columbia
University of the Fraser Valley
University of Northern British Columbia
University of Victoria
Vancouver Island University

Health Authorities:

Fraser Health Authority
Interior Health Authority
Northern Health Authority
Vancouver Coastal Health Authority
Vancouver Island Health Authority
Provincial Health Services Authority

Hospital Societies & Other:

Nisga'a Valley Health Centre
Louis Brier Home and Hospital
Menno Hospital (Mennonite Benevolent Society)
Mount St. Mary Hospital (The Marie Esther Society)
Providence Health Care (incl St. Paul's, Chara, Holy Family)
St. Joseph's General Hospital (Bishop of Victoria)
St. Michael's Centre