

## REQUEST FOR ANATOMIC PATHOLOGY SERVICES

### Anatomic Pathology

Providence Health Care (PHC) and the Laboratory (lab) are committed to supporting clinical trials and institutional research approved by PHC Research Institute (PHCRI). Every effort will be made to complete the request while adhering to collective agreements and laboratory regulatory guidelines. Patient care will take precedence over research requests when there is a workflow conflict. The following information describes the process for lab approval and initiation of study lab work.

#### Lab Approval

Submit the following documents to the lab research coordinator after the completing the REB application.

- Completed form "Request for Laboratory Services" - see next page
- Investigator's protocol or short summary
- Lab manual or pertinent lab procedures if available
- Ethics certificate

REB approval is not required at time of submission to the lab but the lab approval will not be released without it. Allow two to three weeks after the receipt of all relevant documentation for the lab to review and approve the study. All requests are reviewed and approved by the lab research coordinator, divisional medical and technical leadership, the Operations Manager and the Department Head.

#### Lab Initiation

Initiate the lab testing/services within 6 months of the approval date to maintain the pricing and any special provisions for the study. A delay of more than six months may require another review. Costs quoted in the approval remain in effect for the length of the activated study unless there is a significant increase in lab costs during the trial period.

Send a copy of the PHCRI "Institutional Certificate of Approval" to the lab research coordinator prior to study initiation. The e-mail confirmation of PHC Institutional Approval from the PHCRI is sufficient documentation to satisfy this requirement. Allow two weeks from receipt of PHC Institutional Approval for lab start-up.

#### Invoicing

Invoices will be prepared at the end of each corporate billing period (13 / year). Payment is expected on receipt and is payable to Providence Health Care; remit payment to Accounts Receivable.

#### Document Storage

The protocol and original approval are stored safely in the lab only for the duration of the study. Lab results will be stored according to BCMA guidelines. Source documents (requisitions, lists) must be stored permanently by the researcher.

#### Fees

|  |                     |
|--|---------------------|
| Protocol Review fee  | \$75.00             |
| Administration fee   | \$100.00            |
| Retrieval and restocking fee                                 | \$25.00 to \$100.00 |
| Unstained slides   | \$1.00              |
| Stained slides   | \$15.00 to \$40.00  |
| Pathologist review for selection of appropriate block / case | \$100.00            |

## REQUEST FOR ANATOMIC PATHOLOGY SERVICES

**Application Date**

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**Title**

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**“Short name” or Acronym**

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**Protocol #**

**REB number**

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**Department**

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**Investigator**

Phone                      Pager                      E-mail

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**Coordinator**

Phone                      Pager                      E-mail

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**Sponsor**

Public Funding / Grant

Pharmaceutical Company

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**Sponsor Name**

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**Trial Period**

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**Send Material To**

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**Send Invoice To**

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**Number of Subjects at SPH**

|   |  |  |  |
|---|--|--|--|
| <b>Nature of the request</b>                          | <input type="checkbox"/> <b>Blocks</b> | <input type="checkbox"/> <b>Slides</b> |  |
| <b>Describe:</b><br>How the material will be used     |  |  |  |
| Processing the material may go through                |  |  |  |
| Describe de-identification methods for study material |  |  |  |

**Return completed form to: Meghan McLennan, Laboratory, SPH**

**e-mail: [mkmclennan@providencehealth.bc.ca](mailto:mkmclennan@providencehealth.bc.ca) Fax 604-806-8815 Phone 604-682-2344 x63665**