

**MEDICAL RECORD**

**Request & Certification for Research Procurement of Human Biological Materials**

**Research materials will not be released unless form is complete and signed (MAS M01-2 policy).**

**INSTRUCTIONS:**

- Please complete one form for each procurement procedure. Attach form to chart/medical record prior to sending patient to procedure (e.g., surgery, radiology, consult). A separate form must be used for each IRB protocol number.
- This form is required to document ALL SPECIMENS collected for research, EXCEPT when collected:
  - In a manner that yields documentation of tests results by a CLIA certified laboratory (e.g., CC/DLM, CC/DTM, NCI/CCR/LP) in the medical record.
  - By the Department of Transfusion Medicine (CC/DTM).
  - As blood or urine ordered via the MIS Research Screen.
  - For storage for potential clinical transplant, mandated by patient's protocol.

IRB Protocol Number:	Principal Investigator (print legibly):	Phone:	Pager:	Date of Request:
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**Specimens Removed By This Procedure Will Be Acquired For (check one):**

- Research Use Only
  - Place original white (top) copy in Medical Record or send to 10/1N208.
- Research and Diagnostic/Transplant Purposes
  - Place original white (top) copy in Medical Record or send to 10/1N208.
  - Send yellow (2<sup>nd</sup>) copy with the specimen to the diagnostic lab or to the transplant bank.

Research Sample(s)/Indicate Special Requirements:	Name of Recipient or Lab / Phone / Pager / Location:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

**I certify that the specified IRB approval covers both the protocol and patient-executed consent, and that the research proposed is specified within the approved protocol and consent documents:**

_____	_____	_____
<b>Print name of PI/AI of the specified protocol</b>	<b>Signature of PI/AI of the specified protocol</b>	<b>Date</b>

**DATE OF RELEASE OF RESEARCH SPECIMENS ( \_\_\_/\_\_\_/20\_\_\_ )**

Research Sample	Person releasing material: Print Name and Sign	Picked up by: Print Name and Sign (or ✓ for CC Patient escort Services)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____