

Specimen Collection and Processing Agreement

**Name of Investigator Requesting Specimens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HRPO #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Patient Enrollment Goal:

2. Contact Information:

 Name and phone of person picking up specimens:

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3. Staff Coverage (check all that apply):

[ ] Regular Business Hours No additional charge for staff coverage if specimens collected between

 the hours of 7 a.m. to 4 p.m. Monday through Friday.

[ ] Evenings/Weekends $25/hour for each patient after normal business hours (4:00 p.m. to 7:00 a.m.) and on the weekend (Friday, 4:00 p.m. to Monday, 7 a.m.). If attendance at delivery is not required, the minimum hours charged per patient will be 2 hours. If attendance at delivery is required, the minimum hours charged per patient will be 4 hours. The maximum hours charged per patient will be 6 hours.

 [ ] Holidays $50/hour for each patient during Wash U holidays starting after 4:00 p.m. the day

before the holiday through 7 a.m. the day following the holiday. If attendance at delivery is not required, the minimum hours charged per patient will be 2 hours. If attendance at delivery is required, the minimum hours charged per patient will be 4 hours. The maximum hours charged per patient will be 6 hours.

4. Data collection: Available per fee schedule.

5. Storage of Specimens: Specimens will be stored in -80 freezer 2-4 weeks with no charge. If long

 term storage is needed, additional information for storage at the TPMP will be provided.

6. Supplies: Investigator may be required to provide supplies for special collection requests.

7. Specimen Collection: Collection of specimens is not guaranteed.

8. Subject Exclusions: Specimens will not be collected from subjects with HIV, Hepatitis B and Hepatic C.

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| **Specimen Type Needed** | **Special Instructions** | **# Samples** | **Timepoint** |
| [ ]  Maternal Serum (red top) |  |  |   |
| **[ ]**  Maternal Plasma (pink top) *(specify if buffy needed)* |  |  |   |
| **[ ]**  Urine |  |  |   |
| **[ ]**  Vaginal Swab |  |  |   |
| **[ ]**  Cord Blood Serum (red top) |  |  | Delivery only  |
| **[ ]**  Cord Blood Plasma (pink top)  *(specify if buffy needed)* |  |  | Delivery only  |
| **[ ]** Placenta |  |  | Delivery only  |
| **[ ]**  Amniotic Fluid |  |  | C-Section only  |
| **[ ]**  Infant 6-12 hours Dried Spot**[ ]**  Infant 24 hours Dried Spot | Also: Infant whole blood 6-12 hours  |  | After Delivery Only  |
| **[ ]**  Infant Whole Blood |  |  | After Delivery Only  |
| [ ]  Follicular Fluid |  |  | IVF Procedure |
| [ ] Granulosa Cells |  |  | IVF Procedure |
| [ ]  Oocytes |  |  | IVF Procedure |
| [ ] Semen |  |  |  Fresh Frozen From Home  |

 ***Signature of Investigator Requesting Specimens*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Signature of WIHSC Investigator* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**