



Phlebotomy Services Request Form for Research Study

Date: _____

Patient Name: _____

MR # (If Applicable): _____ DOB: _____

Written diagnosis (not a code): Not applicable for research patient

Reason for test: Not applicable for research patient

Study Name: _____

IRB #: _____

For questions please contact: _____
(research coordinator name and phone number)

Please draw _____ mL of blood in _____ tube.

Please draw _____ mL of blood in _____ tube.

Please draw _____ mL of blood in _____ tube.

Please add detailed instructions on how sample should be handled by the laboratory according to the agreement reached between the research coordinator and the laboratory on the Research Study Information Sheet.

Physician's Signature: _____

Date of signature: _____ Time of signature: _____

Physician's Name (Please Print): _____

Please include all the information before patient arrives to the laboratory for blood collection

Disclaimer: It is solely the UAB (PI) Primary Investigators or (RC) Research Coordinator's responsibility to comply with Children's Grants and Research Administration requirements. UAB PI or RC is solely responsible for their study. They are solely responsible to pick up clinical research samples, process and store these samples for their UAB study when not submitting for COA routine medical laboratory testing. UAB PI or RC understands they are fully accountable for their activity.



Children's
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HIPAA Privacy Cause: UAB PI and/or UAB RC assures HIPAA protection for Research generated COA PHI electronic information and/or physical pathological materials for confidentiality, integrity and security by providing safeguards and agree the samples will contain no identifiers which could allow the identification of person or persons from whom pathologic material was obtained to become public (select appropriate venue):

_____ **UAB owned/operated facility space, equipment, and/or computers in compliance with HIPAA**

_____ **Non-UAB owned/operated facility space, equipment, and/or computers in compliance with HIPAA**

_____ **Other, please explain:** _____

Describe safeguards to maintain confidentiality and security which have been approved by the UAB IRB (please attached their approval):

Children's of Alabama requires UAB PI and RC to abide by these documents.

Any violation MUST be reported to Children's Grants Research Administration via email at pam.barlow@childrensal.org or phone at 205-638-2452 and may lead to suspension or termination of any research opportunities with Children's patients.

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