Clinical Research Seminar Series
April 27, 2017

Clinical Trials Research Lab
Val Taylor

CTR Laboratory Services

- Non-human, Covenant and community studies (via email to val.taylor@ahs.ca)
- Human studies (NACTRC)
- Not microbiology (Provincial Lab)
- Laboratory Documents (FDA 1572, Reference Interval’s, Test List, etc.) https://nactrc.ca/services/research-support/ahs-laboratory-services/
- Price list (see link above)
- Budget templates
  - NACTRC (see link above)
  - ACRC http://acrc.albertainnovates.ca/#phase-3-1-5

Operational Approval Application in NACTRC/Encaps

You must submit individual requests to each column that you require.

* Site
  - University of Alberta Hospital

* Area
  - Laboratory Services

Laboratory Services includes Anatomical Pathology, Chemistry, Hematology, Toxicology, and Transfusion Medicine. The Hospital Act of Alberta requires that tissue removed from a patient MUST be sent to a laboratory pathology for a definitive report. Please refer to the Hospital Act Regulation Section 23.

* Date you expect to start your research in the area

* Date you expect to end your research in the area
### Quote Application Form

**SECTION I - LOCAL LABORATORY INFORMATION**

- Specimen to be collected by: [ ] Laboratory Services, [ ] Study Coordinator, [ ] Other, [ ] Describe: ____________
- Is specimen identity blinded from local lab results? [ ] Yes, [ ] No
- Are tests to be performed: [ ] Alberta Health Services - Laboratory Services that are part of and/or above Standard of Care? [ ] Yes, [ ] No
- [ ] Please specify which testing below:

### Lab Services Agreement

**Alberta Health Services**

**LABORATORY SERVICES AGREEMENT FOR AIDS**

1. **CONTRACTED PROVIDER**:
   - Address: ____________
   - Contact Person: ____________
   - Phone: ____________
   - Email: ____________

2. **LABORATORY SERVICES AGREEMENT**:
   - Services Offered: ____________
   - Notification of Proposed Changes: ____________
   - Compliance with Licensing Requirements: ____________

3. **LABORATORY SERVICES INFORMATION**:
   - Aids Testing:
     - HIV: ____________
     - Hepatitis C: ____________
     - Hepatitis B: ____________
     - Syphilis: ____________

4. **LABORATORY SERVICES AGREEMENT FOR AIDS**
   - Contract Number: ____________
   - Contract Start Date: ____________
   - Contract End Date: ____________

5. **LABORATORY SERVICES AGREEMENT FOR AIDS**
   - Service Description:
     - Panel A: ____________
     - Panel B: ____________
     - Panel C: ____________

6. **LABORATORY SERVICES AGREEMENT FOR AIDS**
   - Payment Terms:
     - Payment Due Date: ____________
     - Late Payment Charge: ____________

7. **LABORATORY SERVICES AGREEMENT FOR AIDS**
   - Confidentiality Agreement:
     - Confidentiality Agreement: ____________
     - Non-Disclosure Agreement: ____________
Processes and Final Requisition

Additional Information

- Set up fee is $400.00
- For STAT requests (less than 10 working days), an Administration Fee of $500.00 payable in advance is required.
- Submit application and requisition to:...
- Refer to Regional Laboratory Services Guide To Laboratory Services for specific test names and test code(s). Website: http://www4.albertahealthservices.ca/labservices/mmenu.asp