

Microbiology system setup for private trials and studies

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| Name of the Study/Trial |  |
| Start date & duration of the study |  |
| Number of samples |  |
| Is this a commercial or non-commercial study? |  |
| Will you be using OUH Microbiology test request forms? |  |
| What patient identifiers will be on the samples? | |
| Name |  |
| Date of birth |  |
| NHS no. |  |
| MRN |  |
| Other unique Patient NO:  (we recommend this to start with a prefix unique for the study, followed by patient numbers up to 10 digits max)  Eg. Flu trial study  FLU-123456789 |  |
| Will you send a repeat sample on a patient tested previously?  If “yes” will you be sending sample under the same patient number? |  |
| Can you provide the Patient No. in the form of a bar-coded label? (Eg. FLU-12345) |  |
| Do you require sample storage?  If “yes”, please provide details. |  |
| Name of the consultant overseeing the study |  |
| Contact person for the study:  Address/tel. no./e-mail |  |
| Types of samples you will be sending |  |
| Tests/investigations agreed to be performed.  Are they standard for all patients in your study or vary from patient to patient?  The request forms should state the tests to be performed |  |
| How would you like to receive your test results?  Printed copies (please provide mailing address if different from above)  Electronic (excel\*)/paper reports can also be collected from the laboratory.  If via e-mail, please provide NHS.NET address.  Do you have access to case notes? If so, you will be able to see the results immediately when they are available.  \*Preferred method for serology screening requests |  |
| Please provide a copy of the Project protocol when returning this form (N/A to serology screening requests) |  |
| Agreed cost per test  (Purchase Order Number will be needed before any testing is carried out) |  |
| Name and address of who the invoice should be sent to, if different from above |  |
| Any other information about the study |  |

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| *Laboratory use only* |  |
| *Study agreed with Clinical Lead & Laboratory Manager* | *Yes / No* |
| *Study documented with department / management minutes* | *Yes / No* |
| *LIMS updated (IT Lead aware)* | *Yes / No* |
| *PON Supplied* | *Yes / No* |
| *Price per test* |  |