## RESEARCH APPLICATION FOR UTILIZING PATHOLOGY **SERVICES (RA\_Path)**Clinical investigators are encouraged to involve the Department of Pathology in the

planning stages of a grant or contract to ensure:

- 1 Feasibility of the testing services planned,
- 2 All appropriate tests are included and
- 3 Correct prices for budgetary planning

Please designate the tests listed as research or standard of care.

Pathology Client Number (Assigned by Pathology)		
ACURB   IRB   WIRB		
Approval Date	OR	Pending
Study Short Name		

Any researcher utilizing Department of Pathology Services for a study needs to obtain prior approval from the department. Initiate the approval process by submitting three items: (1) A completed RA\_PATH form (2) The protocol or abstract and pertinent laboratory manual (3) The face page of the IRB/WIRB/ACURF approval. All 3 are required for approval, but to prevent delay, you may initially submit 1 & 2 to pathresearchcoord@healthcare.uiowa.edu by pressing the submit button. Edit the 'Subject' line in the email as needed.

				Stud	y Details						
Protocol Title:											
ntact Information		Principal Inve	stigator (PI)		Research Coord	dinator (1st R	C)		2 <sup>nd</sup> RC OR	Regulatory	
Name:						-					
Address:											
Department:											
Phone   Pager:											
email:											
I CLP (EPIC specific ):											
	Date	e of Funding:			S	ource of Fund	ding (Dept, Fed	d, ICTS, Ind ):			
Planned no. of	subjects enro	lled at UIHC:			_		Durat	ion of Study			
Specimen Typ	e(s) ( <i>Blood, U</i>	rine, Tissue ):									
				S	pecies:						
Human		Animal:					Other:				
				Billing   Re	orting Opti	ons					
	Ontion	s 1 and 2 are t	tynically mutus	ally exclusive; Option 3			r in combinat	ion with the	others		
Option 2 Research res		ailable in EPIC		ebsite for more inform			ure and private	ely located fa	ax or an Outloo	k mailbox. Pl	ease
Fax No.:			Cor	ntact Name:			Contact Phone	No.:			
	riease create	an electronic	rax associated	with a shared Outlook	malibox. Current	iy, this optior	ı is not availab				•
storage, etc.				ever, Pathology service tudy MFK. Monthly, ite	emized invoices a				ng to the MFK	invoice box b	
Research res storage, etc. For Options	2 and 3, charge	es are directed	to the below s	tudy MFK. Monthly, ite	emized invoices a	re sent to the	e PI, or a desig	nee, accordi			
Research res storage, etc.				tudy MFK. Monthly, ite	emized invoices a				ng to the MFK  Cost Ctr  XXXX	BRF XX	
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Research res storage, etc. For Options : Fund XXX	Org XX Name: Address:	es are directed  Dept	Subdept XXXXX	tudy MFK. Monthly, ite MFI Grant Program X XXXXX XX	Mized invoices a	re sent to the	Dact XXXXXX	Fn XX	Cost Ctr XXXX	BRF XX	
Research res storage, etc. For Options : Fund XXX	Org XX  Information Same As: Name: Address: Department:	es are directed  Dept	Subdept XXXXX	tudy MFK. Monthly, ite MFI Grant Program X XXXXX XX	Mized invoices a	re sent to the	Dact XXXXXX	Fn XX	Cost Ctr XXXX	BRF XX	

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## **Department of Pathology Laboratory Services Handbook**

## **RBC Pricing and Coding Tools**

List Decemb Text Requests 1								
List Research Test Request(s) (Histology Request Section, below )	Specimens/Subject/Unit Time	EPIC Code	Charge Code	CPT/ HCPCS	UIHC FY Charge	Research Charge	Director's Signed Approval	
Special Instructions/R	equests (Return specimens,	special proce	essing, reques	sted turn-arou	nd time ):			
	List Standard	of Care Test(s	<b>;)</b>					
Histology Archival Tissue Requests Only								
If a research-only surgical procedure (biopsy) is requested per protocol, a waiver from the UIHC By-Laws, Article V. Evaluation of Clinic Care, Section 3.0 Surgical Pathology Review is required. Email the letter to pathresearchcoord@healthcare.uiowa.edu but direct the letter of request to the Director of Surgical Pathology.								
			ile Director o	i Suigicai Patii	ology.			
Contact Tissue Procurement Laboratory (TPC) for assistance obtain	ning numan tissue sampies.							
If a collaborating Pathologist is needed you may	request a faculty member:							
Type(s) of Slides:								
Regular:				Plus Slide:				
			_	5				
	Number and Thi	ckness of Slid	les:					
Routine Hemtoxylin Stain:	Unstained:				Thickne	ss of Section:		
Constal State (a)								
Special Stain(s):						& Quantity:		
	Special Embedding and	or Cutting In	structions					

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