MAYO CLINIC LABORATORIES | *BioPharma Diagnostics Sample Testing Request*

Sample Testing Requests: Fee for service testing is performed per CAP/CLIA or standard lab practice.

Instructions: Complete the following form to initiate the sample testing request process. This provides the information needed to assess project feasibility. Steps: 1) Fill out form; 2) Save form to your computer; and 3) Email form as an attachment to mvssSpecialRequests@mayo.edu.

Contact Information

Name *(Last, First, Middle)*		
Contracting Company/Institution Name	Phone	Email

Project type; select all that apply:

- ☐ **Prospective human collections** (from consented subjects)
- ☐ **Previously collected human samples**
- ☐ **Non-human samples** (animal, contrived, other)
- ☐ **Validation or comparison testing for assay development**
- ☐ **Unknown/To be determined**

Add comments to describe multiple selections above:

Will these results be used to support an FDA submission?

☐ Yes ☐ No   If Yes, type:

Academic Client Requests

  Is this pricing request for a grant submission?   ☐ Yes   ☐ No

    If Yes, when do you expect to hear if the grant is awarded?

  What institution would be contracting with Mayo Clinic for this testing?

Testing Requested

Test ID(s) as found in the Lab Test Catalog:

If not found in the Lab Test Catalog, describe the required testing needed:

BioPharma Diagnostics Sample Testing Request (continued)

Complete the following section(s) as appropriate for the project.

Prospective Collections

Applicable test ID(s):

Project overview:

Sample submission timeline (date for the first sample for each test, last sample for each test):

Anticipated sample submission cadence per week or per month:

Submitted: ☐ as collected ☐ in batches; if in batches, indicate intended or requested batch size:

Sample type(s); select all that apply:

☐ **Cerebrospinal fluid (CSF)** ☐ **Tissue**; if Tissue is selected, skip to the Tissue section on page 3.
☐ **Plasma** ☐ **Urine**
☐ **Peripheral Blood Mononuclear Cells (PBMC)** ☐ **Whole blood**
☐ **Serum** ☐ **Other**, specify:

Is there any additional information about this request which should be shared?

Stored Samples

Applicable test ID(s):

Project overview:

Sample submission timeline (date for the first sample for each test, last sample for each test):

Anticipated total number of samples to be tested per test:

Anticipated sample submission cadence (include batch and sizes):

Approximate collection date of the oldest sample:

Temerpature at which samples have been stored:

If frozen, have they undergone any freeze-thaws? ☐ Yes ☐ No If Yes, how many?

Sample type(s); select all that apply:

☐ **Cerebrospinal fluid (CSF)** ☐ **Tissue**; if Tissue is selected, skip to the Tissue section on page 3.
☐ **Plasma** ☐ **Urine**
☐ **Peripheral Blood Mononuclear Cells (PBMC)** ☐ **Whole blood**
☐ **Serum** ☐ **Other**, specify:

Tube type stored in:

Specimen volume (mL):

Is there any additional information about this request which should be shared?

MC1609-23

Tissue Samples

Applicable test ID(s):

Sample type(s); select all that apply:
☐ Blocks   ☐ Slides   ☐ Other, specify:

Tissue source (eg, train, liver, pancreas):

Number of cases:

Number of slides per case, if applicable:

Prior staining details:
☐ Unstained   ☐ H&E staining   ☐ Other, specify:

Amount of tissue per slide, if applicable:

How have samples been stored?

How old is the oldest sample?

Is there any additional information about this request which should be shared?

MC1609-23