**Specimen Transportation Request Form**

**Transport samples between ucsf campuses**

*Revised August 21, 2016*

**Email completed form to** [**crsbudgetrequest@ucsf.edu**](file:///C:\Users\aredditt\Documents\crsbudgetrequest@ucsf.edu)

**Investigative Team Personnel**

|  |  |  |
| --- | --- | --- |
| **Protocol Title:** | | |
| **Principal Investigator:** | **Title (Professor, Associate Professor, etc.):** | |
| **Department:** | **Email:** | **Phone:** |
| **IRB # :** |  | |
| **Pickup Location Contact information:**   * **Name :** * **Phone :** * **Email :** | **Delivery Location Contact information :**   * **Name :** * **Phone :** * **Email :** | |
| **Other Study Personnel Name(s) :** | **Other Study Personnel Email(s) :** | |

**Clinical Lab Locations:**

**Parnassus Clinical Lab Courier Drop off/Pick up**

505 Parnassus Avenue, 5th floor, aliquot room M571

415-353-1667

**Mission Bay Clinical Lab Courier Drop off/Pick up**

1825 4th Street, 2nd floor, room M-2339

415-476-0193

**-Hand off samples to a clinical lab staff member**

**-Clinical lab staff will place the samples in a green transport container**

**-Instruct the recipient to pick up the samples from the yellow bin at the recipient clinical lab location.**