**Specimen Transportation Request Form**

**Transport samples between ucsf campuses**

*Revised August 21, 2016*

**Email completed form to** [**crsbudgetrequest@ucsf.edu**](file:///C%3A%5CUsers%5Caredditt%5CDocuments%5Ccrsbudgetrequest%40ucsf.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.**