# LU Leids Universitair MC Medisch Centrum

By completing this form, the LUMC department of clinical chemistry and laboratory medicine is able to assess the feasibility of the request, including a budget estimation/quotation for the requested service(s).

## 1. General information

1.1	Name/abbreviation of the study:				
1.2	Name of LUMC contact person:				
1.3	Institute / LUMC department:				
1.4	Will the project be registered at the	LUMC project office (projectenburea	au)?		
		<ul> <li>Yes, project code (if known) is:</li> <li>No</li> </ul>			
1.5	The study	<ul> <li>has no external sponsoring</li> <li>is sponsored by an NGO (Harts</li> <li>is sponsored by a commercial particular sponsored by a commerci</li></ul>	•		
1.6	Brief description of the study aim(s), not more than 3 sentences:				
1.7	ls the study approved by the local N				
		□ Yes	$\Box$ Approval is requested		
1.8	Will the study make use of the LUM		<ul> <li>Approval is requested</li> <li>No or not known</li> </ul>		
1.8 1.9	Will the study make use of the LUMO Will the samples in the study be ano	C order management system (HiX)?			
1.9		C order management system (HiX)? □ Yes nymized?	□ No or not known		





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(Only to be filled in if "Direct blood analysis" was selected at question 1.11)

Please specify what parameters need to be analyzed, including the matrix of the samples

2.1 (e.g. in serum, plasma, urine, etc.)

Is it required to collect extra tubes for other purposes than direct analysis?

2.2 If yes, specify the quantity, type and volume of the required tubes (e.g. 2x 3,5 mL SST serum gel)

## 3. Processing of samples

(Only to be filled in if "Processing of samples" was selected at question 1.11)

- 3.1 Will there be a lab manual available?
  - $\Box$  Yes, I will provide the KCL department with the lab manual
  - □ No, but I will specify (as detailed as possible) how the samples need to be processed. This can be done through a separate mail or attachment.

#### 3.2 How long will the study run (an estimation is sufficient)

- 3.3 How many participants will be included (an estimation is sufficient)
- 3.4 What is the expected number of visits per participant?
- 3.5 What is the expected frequency of delivering materials to the lab?
- 3.6 How will the materials be delivered, please select one:
  - $\Box$  Ordered through LUMC order management (HiX) (preferred option)
  - □ Prelabeled kits are used (primary and secondary tubes)
- 3.7 The services that the KCL department will provide for this study is confined to the processing of CEcertified plastic primary biological sample tubes (centrifuging, incubating and aliquoting) and/or PBMC isolation according to standard KCL protocols.

 $\Box$  Yes

🗆 No

3.8 Processing of samples needs to be performed during regular office hours (8:00-16:00).

 $\Box$  Yes



### 4. Batch analysis

	(Only to be filled in	if "Batch d	analysis" was	selected at question	1.11)
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4.1	When do you expect to deliver		
4.2	In what type of tubes is the mat volume as well <i>(e.g. Sarstedt 0.5</i>		
4.3	At what temperature are the sa		
4.4	Did the samples go through any freeze-thaw cycles?		
4.5	Was the time between sample $\Box$ Yes	collection and freezing consistently <-	4 hours for all samples?
4.6	Origin of samples: — Human, no increased risk of contagious material	Human, increased risk of contagious material	□ Animal
4.7	Estimated number of samples:		
4.8	Please specify what parameters <i>plasma, urine, etc.)</i>	need to be analyzed, including the m	natrix of the samples <i>(e.g. in serum,</i>
4.9	Required reporting date		
4.9 4.10	Required reporting date After the analysis, the samples v □ destroyed (if not picked up v		L (please go to paragraph 5)
	After the analysis, the samples with a destroyed (if not picked up with the invoice can be sent to: <b>5. Long term storage</b>		
4.10	After the analysis, the samples of destroyed (if not picked up of The invoice can be sent to: <b>5. Long term storage</b> (Only to be filled in if "Long	vithin 1 month)	
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4.10	After the analysis, the samples of destroyed (if not picked up of The invoice can be sent to: <b>5. Long term storage</b> (Only to be filled in if "Long	vithin 1 month)	

5.3 What is the required storage temperature?

By using the KCL services, the requesting party agrees with the terms and conditions (<u>Algemene voorwaarden | LUMC</u>).