Guidelines For Requesting Laboratory Services And Sample Processing For Research Projects

Department of Clinical Diagnostic Laboratories
HOSPITAL UNIVERSITI TEKNOLOGI MARA

1.0 PURPOSE

1.1 The purpose of this guideline is to ensure that all research that requires laboratory facilities or services will be documented, processed correctly and be invoiced accordingly.

2.0 SCOPE

2.1 This procedure shall be used by all Principal Investigator (PI) / Researcher requiring laboratory services and by laboratory staff.

3.0 RESPONSIBILITIES

3.1 The Department of Clinical Diagnostic Laboratories Research Coordinator (CDLRC) will coordinate all aspects of the research projects related to laboratory services and sample processing.

3.2 The PI of each project shall be responsible for ensuring that all requests for laboratory services are made well in advance and charges agreed to, preferably in writing before samples are sent to the laboratory.

3.3 The PI of each project shall be responsible for ensuring that samples are sent in accordance with the laboratory's instructions.

3.4 The laboratory staff shall be responsible for making sure that all request forms are forwarded to the CDLRC for documentation and billing.

4.0 PROCEDURE

4.1 INSTRUCTIONS FOR RESEARCHERS

4.1.1 All research that requires laboratory facilities/services must follow the guidelines outlined in this document. Refer to the workflow in page 10 of this guidelines.

4.1.2 The details of research projects must be submitted using Research

Request Form (RRF) to CDL Research Coordinator (CDLRC) via email to rafezah091@uitm.edu.my. The CDLRC (Dr. Rafezah Razali) is contactable at 013-3437446 / 03-3396 3130.

4.1.3 The CDLRC will review the RRF and channel the application to relevant unit.

4.1.4 The CDLRC will issue the research code and the quotation of the laboratory test charges for the requested tests to the PI/researcher.

4.1.5 All samples should be sent during office hours between 8 am to 5 pm.

4.1.6 All laboratory results / reports will be verified and validated by CDLRC or Pathologist or Clinical Microbiologist.

4.1.7 A copy of validated laboratory results / report can be collected by contacting the CDLRC 7 days after sending the research specimens.

4.1.8 The CDLRC will initiate the billing process upon the completion of the batch analysis of research samples or at agreed intervals with the PI/researcher.

4.1.9 For payment using research grant, the CDLRC will prepare and sent CDL invoice with cover letter to *Unit Kewangan* HUiTM for the issuance of official UiTM invoice.

4.1.10 The PI/researcher has to collect the official UiTM invoice from CDLRC upon notification.

4.1.11 The PI/researcher has to submit the official UiTM invoice to *Unit Kewangan* of Research Management Centre (RMC) for payment process can be made using the relevant research grant.

4.1.12 For payment by cash, the PI/researcher is required to fill up *Borang Bayaran Perkhidmatan Makmal* (BBPM) and submit the BBPM to CDLRC to obtain official sign/stamp.

4.1.13 The PI/researcher is required to bring the signed BBPM to *Unit Kewangan* HUiTM for the payment.

4.1.14 A copy of receipt of payment must be sent to CDLRC as proof of payment

4.1.15 The CDLRC will archive a copy of receipt of payment in the Billing of Research Project File.

4.2 **INSTRUCTIONS FOR LABORATORY STAFF**

4.2.1 All research test request forms should be separated and placed in the allocated tray in the data entry area and then sent to the CDLRC for documentation and billing.

4.2.2 If in doubt about any research that is not listed, inform the CDLRC for necessary action. Staff should process the samples but shall not release the results until further notice.

4.2.3 When informed about doubtful research samples, the CDLRC should check with the requesting doctor and inform the Head of Unit.

4.2.4 Once the samples received by the laboratory, staff should clarify with CDLRC about the appropriate storage of research samples.

4.2.5 For samples that have been frozen, please do not take it out from the freezer unless it will be run on that day. This is to ensure the integrity of the samples prior to analysis.

4.2.6 All samples should be processed as routine samples.

4.2.7 A copy of the validated laboratory results / reports will be kept in the research results pigeonhole for collection by the researcher.

4.2.8 The CDLRC will also keep a copy of the validated laboratory results / reports to facilitate the reports collection by the relevant researcher.

5.0 GENERAL NOTES TO RESEARCHERS:

5.1 For field trip (health screening) / animal samples, please use Template of List of Samples (TLOS). The form can be downloaded from the website https://hospital.uitm.edu.my/index.php/en/pathology

5.2 Any request for a copy of participation certificate for ISO certificate, reference range, periodical preventive maintenance (PPM) report, or any laboratory related data, kindly request officially via head of department.

5.3 After analysis, the sample will be kept in 2-8 degree Celsius for 7 days before being discarded. If the researcher wanted to take the sample back, kindly do so before the stipulated time.

5.4 The *Borang Bayaran Perkhidmatan Makmal* (BBPM) can be downloaded from the website https://hospital.uitm.edu.my/index.php/en/pathology

ABBREVIATION

PI	Principal Investigator
CDLRC	Clinical Diagnostics Laboratories Research Coordinator
HOU	Head of Unit
RRF	Research Request Form
TLOS	Template of List of Samples
PPM	Periodical preventive maintenance
BBPM	*Borang Bayaran Perkhidmatan Makmal*

APPENDIX 1

DEPARTMENT OF CLINICAL DIAGNOSTIC LABORATORIES
FACULTY OF MEDICINE UNIVERSITI TEKNOLOGI MARA

Level 1, Clinical Training Centre, Pusat Perubatan UiTM
Sg Buloh Campus, Jalan Hospital,
47000 Sg Buloh, Selangor Darul Ehsan
Tel: 03-6125 5215 / 5213
Fax: 03-6126 5224

Level 1, Hospital UiTM
Puncak Alam Campus,
42300 Puncak Alam, Selangor Darul Ehsan
Tel: 03-3396 3130 / 3131
Hp: 013-343 7446 (Dr. Rafezah Razali)

RESEARCH REQUEST FORM (RRF)

REQUEST FOR LABORATORY TESTS, USING EQUIPMENT, STORAGE OF CONSUMABLE / SAMPLES FOR RESEARCH PROJECTS

A. Project details:

Title of Research Project : _____

_____

Type / Name of Grant : _____

Grant Code (**compulsory**) : _____

Duration : _____ From: _____ Until:_____

Name of Principal investigator (PI) :_____

Name of Postgrad Student/ Research assistant: _____ Contact No: _____

Date of request : _____

B. Request details:

Requests for the above project (Please tick the appropriate box):

i.	Laboratory test (please fill in the subsequent details in **C. Details for laboratory tests** and **D. Appointed Co-researcher / Laboratory Consultant** *** please get the *Research Code* before ordering your request in UNIMED system.** *** please send sample with pink form (Chemical Pathology and Hematology Request Form).**	
ii.	Consumables storage space	
iii.	Storage space for (-20°C)	
iv.	Storage space for (-80°C)	
v.	Equipment (Please state the name of the equipment): _____ _____	

C. Laboratory tests requested:

No.	Name of Tests	Quantity of tests	Remarks

RA will take back the samples after analysis: ☐ **YES** ☐ **NO**

***** After analysis, the sample will be kept in 2-8 degree Celsius for 7 days before being discarded. If the researcher wanted to take the sample back, kindly do so before the stipulated time.

D. Appointed Pathologist/ Clinical Microbiologist:

I hereby appoint Prof / Ass Prof/ Dr…… as a:

☐ Co-Researcher

☐ Laboratory Consultant

☐ Both

☐ Others

*****The following acknowledgement shall be included in all publications that incorporate any results obtained through the Department of Clinical Diagnostic Laboratories, Faculty of Medicine, UiTM facilities.

"This project was carried out in part by the Department of Clinical Diagnostic Laboratories, Faculty of Medicine, Universiti Teknologi MARA".

Signature of Principal Investigator (PI) : _____

Official stamp : _____

Contact details:
Office Tel No. : _____
H/P No. : _____
Email : _____

Date: _____

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Appointed Co-Researcher/ Laboratory Consultant

I hereby agree to be a Co-Researcher / Laboratory Consultant / Both of the above research project. I will provide my contribution to my best professional ability to the above project.

Name : _____

Signature : _____

Designation : _____

Date : _____

For laboratory Use:

Date of application received :
Date of approval :
File No. :

APPENDIX 2

DEPARTMENT OF CLINICAL DIAGNOSTIC LABORATORIES
FACULTY OF MEDICINE UNIVERSITI TEKNOLOGI MARA

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Template List of Samples (TLOS)

For bulk samples from health screening or animal samples

Title of Research Project : _____

_____

Type /Name of Grant : LESTARI/ BESTARI/ FRGS/ LRGS/ Private/ Other:

Grant Code : _____

Duration : _____ From: _____ Until: _____

Name of Principal investigator (PI) : _____

Name of Postgrad Student/ Research assistant: _____ Contact No: _____

Date of request : _____

Type of sample: Human ☐ Animal ☐

A. For human samples:

No	Patient name	IC/ MRN	Sample ID on tube	Gender	Test	Remark (ie fasting)

B. For animal samples:

No	Sample code /	Test	Remarks

WORKFLOW FOR REQUESTING LABORATORY TESTS FOR RESEARCH PROJECTS