



Lab use only
Project #:
Signed:

## Research Study Registration

Complete all sections of this form and email to [UCDVetClinicalLabs@ucdavis.edu](mailto:UCDVetClinicalLabs@ucdavis.edu) or fax to (530) 752-5055. If additional information is required, you will be contacted at the phone number or email provided.  
 Studies will be assigned a project number upon approval.

Research Study Registration MUST be approved BEFORE any research samples will be accepted.

For a complete listing of laboratory hours, submission requirements, etc, visit our website:  
[www.vetmed.ucdavis.edu/vmth/lab\\_services/clinical\\_labs/research](http://www.vetmed.ucdavis.edu/vmth/lab_services/clinical_labs/research)

Researcher / PI
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Research Assistant / other contact
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Contact Phone	Contact Email
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Mailing Address	IACUC #	VMTH Client ID / Grant number
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Short Study Name <25 characters
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Study Description Study title and summary (attach research protocol, if desired)
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Clinical Lab Testing
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Species	# samples per test
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Sample submission dates If specific dates are not available, include study timeframe & submission interval
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Result transfer check one; if choosing email or fax, provide necessary information VMACS (VMTH only)    Fax _____    Email _____
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Post analysis sample storage      ___ Discard      ___ 4°C      ___ -20°C      ___ -80°C
Date for sample pickup if applicable

For lab use only
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