

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/clinical-laboratory](http://www.vetmed.ucdavis.edu/clinical-laboratory)

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