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| Request Details: |
| Date Requested: Click or tap to enter a date. |
| OnCore Protocol No.:  | **Study Short Title:**  |
| Principal Investigator:  | **Email:**  | **Phone:**  |
| Study Team Contact:  | **Email:**  | **Phone:**  |
| OCR Contact:  | **Email:**  | **Phone:**  |
| Additional contact email for the Coverage Analysis & Budget Team: OCR-CAB@ahc.ufl.edu  |

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| **Sample Type** | **Protocol/Lab Manual Description** |
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**Additional comments from OCR Coverage Analysis and Budget Team:**

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Is patient care diagnosis required? Yes [ ]  No [ ]

Does this study require only technical work (cuts from cases in which a diagnosis has already been rendered?) Yes [ ]  No [ ]

If UF Health is to perform testing on a biopsy, will it be performed using a standard pathology procedure protocol or does the study have special pathology testing requirements? Yes [ ]  No [ ]

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| **Protocol-Defined Special Pathology Handling Instructions:** |
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