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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](mailto: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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