|  |  |  |
| --- | --- | --- |
| **Quarterly Report of Pathology Services Usage for Payment by Research Service** | | |
| **Purpose:** Investigators must receive approval from Pathology Service, generally during initial study approval prior to utilizing the “Research Sample Collection”. The Clinical Impact Form must reflect this approval and agreed upon costs of services. The study team will be required to compensate Pathology for services rendered, although there are rare exceptions. The study team is responsible for tracking these services and requesting a cost transfer from their study budget to Pathology Service. If a protocol is required to pay for pathology service, this form is to be used to submit the total number of phlebotomy blood draws performed by the Pathology Service on behalf of the protocol on a quarterly basis. | | |
| **Instructions:** The study team should track all phlebotomy services performed by the Pathology Service at the VA Ann Arbor or affiliated outpatient clinic using a tracking form. This tracking spreadsheet should be kept by the study team as part of protocol records. Information from the study team’s tracking form should be used to complete this usage form. This usage form must be submitted to the Research Budget Analyst **prior to the end of each financial quarter** to initiate the cost transfer to Pathology Service. VERAM-managed studies will be invoiced by the Research Budget Analyst according to these reports. | | |
|  | | |
| **Study PI:** | | |
| **Study Title:** | | |
| **Study Coordinator:** | **Study Coordinator Email:** | |
| **RMS Account #** (assigned by Research Budget Analyst)**:** | | |
| **Funds Managed By\*:** *circle one* Research Service VERAM | | |
| **Fiscal Year** (begins 10/1)**:** | **Fiscal Quarter:** *circle one* Q1 Q2 Q3 Q4 | |
| **Date Submitted to Research Service:** | | |
|  | | |
| **Total number of Phlebotomy Procedures Performed this Quarter:** | |  |
| **Costs per Phlebotomy Procedure (per clinical impact form):** | | **$** |
| **Total Amount to Transfer to Pathology this Quarter** | | **$** |
|  | | |
| **For Research Office Use Only** | | |
| **Date Costs Transferred to Pathology Service:** | |  |
| **Signature of Authorizing Official:** | | |

\*If your funds are managed by an outside facility, a subcontract must be established with VERAM. Contact the VERAM director before utilizing VA services.