

Hospital Research Gateway
Hospital for Tropical Diseases, Faculty of Tropical Medicine
Leftover Specimens Request Form

Requestor: _____ Department: _____ Date: _____

Phone number: office _____ mobile _____

Email: _____

Type of specimen: blood urine stool other please specify

Specific Diagnosis Number of sample.....

Use leftover specimens for (tick all if apply)

- Pilot/Feasibility study
 - Cover letter: summarize the title and objective of the study
 - Number of sample <5
 - No clinical information needed
 - Will not published unless study has been approved by EC
 - Will inform the result of the study and future plan
- For Teaching and academic purpose
 - Cover letter: summarize the course, objective and target group
 - Number of sample <5
 - No patient identifiable data needed

I certify that the specimens will not be used outside the scope mentioned in the cover letter and will not transfer to anyone else.

Signature of TropMed Staff

Fit all criteria, OK to release specimens as indicated above

Pre-Approved by GateKeeper

Date

Approved by

The Director of the Hospital for Tropical Diseases

Date