



**Research Resource Request Form  
(Southern Community Laboratories)**

**Project Title:**

**Principle Investigator:**

**Research contact person:**

- SDHB Directorate:**
- Medical Directorate
  - Surgical Directorate
  - Mental Health Addictions and Intellectual Disability Directorate
  - Older Person’s Health and Community Directorate
  - Women’s, Children’s and Public Health Directorate

**Clinical Service:**

**Proposed start date:**

**Proposed finish date:**

**Custodial/other account number (if known):**

**Internal postal address:** (for return of quote)

**Phone extn:**

**E-mail:**

Resource requirements

**To complete and send this form to:** **Roger Barton, Southern Community Laboratories,  
Dunedin Hospital, Internal Mailbox 81**

Test required	Number per patient	Number of patients	*Cost per Procedure / Service	Total cost per test	Comments

*\* Refer to SCL research Study test price list. SCL will advise cost for any test not on the list.  
Also note that prices are subject to change annually on 1<sup>st</sup> July.*

Costs confirmed by SCL:

**Name:** ..... **Signature:** ..... **Date:**.....  
                  Roger Barton

**★ PLEASE CONTACT ROGER BARTON WHEN THE STUDY HAS BEEN CONFIRMED SO THAT SCL CAN MAKE THE NECESSARY ARRANGEMENTS.**