



<div><div><div>Toronto General Toronto Western Princess Margaret SickKids</div></div><div><div>Mount Sinai Hospital Sinai Health System University of Toronto Hospital Company</div></div></div> <div>Department of Microbiology</div>	Policy #	Page 1 of 3
	Quality Manual	
Section: Study / Contract Manual	Subject Title: Study Request Form	
Prepared by QA Committee		
Issued by: Laboratory Manager	Revision Date: 5/27/2025	
Approved by Laboratory Director: Microbiologist-in-Chief	Next Review Date: 5/27/2027	

Uncontrolled When Printed

Please provide information below and forward any other pertinent information to Dr. T. Mazzulli Tony.Mazzulli@sinaihealth.ca. Your request will be reviewed at the nearest Microbiology Operations Meeting. A reply will be sent back to you after the discussion.

Title of Study:

Sponsor:

Investigator:

Start Date:

End Date:

Microbiology Contacts: Dr. T. Mazzulli Tony.Mazzulli@sinaihealth.ca
Jenny Wu Jenny.Wu@sinaihealth.ca

Test(s) required:

Specimen and patient type(s):


Number of specimens (tests) and frequency:

UNIVERSITY HEALTH NETWORK/MOUNT SINAI HOSPITAL, DEPARTMENT OF MICROBIOLOGY

*NOTE: This document is **Uncontrolled When Printed**.*

Any documents appearing in paper form that do not state "CONTROLLED COPY" in red print are not controlled and should be checked against the document (titled as above) on the server prior to use.

Management System\UHN_Mount Sinai Hospital Microbiology\Study / Contract Manual\

 Department of Microbiology Quality Manual	Policy #	Page 2 of 3
	Version: 1.2 CURRENT	
Section: Study / Contract Manual	Subject Title: Study Request Form	


Details of Test Requirements:

Reporting requirements (e.g. Frequency, fax/e-mail/ hard copy, etc):

Turn-around-times requirements:

Billing:

Please provide Functional Centre/ Account number and address for invoicing.

 Department of Microbiology Quality Manual	Policy #	Page 3 of 3
	Version: 1.2 CURRENT	
Section: Study / Contract Manual	Subject Title: Study Request Form	

Record of Edited Revisions

Manual Section Name: Study Request Form

Page Number / Item	Date of Revision	Signature of Approval
Annual Review	June 16, 2009	Dr. T. Mazzulli
Annual Review	June 15, 2010	Dr. T. Mazzulli
Annual Review	May 31, 2011	Dr. T. Mazzulli
Annual Review	May 31, 2012	Dr. T. Mazzulli
Annual Review	May 31, 2013	Dr. T. Mazzulli
Annual Review	May 09, 2014	Dr. T. Mazzulli
Annual Review	May 09, 2015	Dr. T. Mazzulli
Annual Review	May 09, 2016	Dr. T. Mazzulli
Annual Review	May 09, 2017	Dr. T. Mazzulli
Annual Review	May 09, 2018	Dr. T. Mazzulli

Full document review included in all updates. Biennial review conducted when no revision had been made within 2 years.

Page Number / Item	Date of Revision	Edited by
Updated Dr. Mazzulli's from tmazzulli@mtsinai.on.ca to Tony.Mazzulli@sinahealth.ca Replaced Pauline Lo plo@mtsinai.on.ca with Jenny Wu Jenny.Wu@sinahealth.ca Added the Edited section	January 14, 2025	Qin Liu
Updated Dr. Mazzulli's email from tmazzulli@mtsinai.on.ca to Tony.Mazzulli@sinahealth.ca in the first paragraph	May 23, 2025	Qin Liu

UNIVERSITY HEALTH NETWORK/MOUNT SINAI HOSPITAL, DEPARTMENT OF MICROBIOLOGY

*NOTE: This document is **Uncontrolled When Printed**.*

Any documents appearing in paper form that do not state "CONTROLLED COPY" in red print are not controlled and should be checked against the document (titled as above) on the server prior to use.

Management System\UHN_Mount Sinai Hospital Microbiology\Study / Contract Manual\