

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH LABORATORIES AND PATHOLOGY  
LABORATORY UTILIZATION WORKSHEET**

Proposal Number: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Investigator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List all laboratory and pathology tests (surgical pathology, blood, urine, fluids, and cytology) that will be done according to the submitted protocol. The list should include tests that will be done as routine care as well as those tests that will be done only for research purposes.

Name of Test	Name of Laboratory Performing the Test: Address and Phone Number	Number of Times Per Patient the Research Protocol Requires the Test to Be Done	Number of Times Per Patient the Test Will Be Done for Routine Patient Care	Number of Patients	Total Amount Budgeted for Test
Total amount budgeted for lab testing:					

With my signature below I attest that this is an accurate listing of the type, number and classification of all laboratory tests that will be performed during this study.

\_\_\_\_\_  
Type or Print Primary Investigator's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Laboratory must be contacted for availability, study approval, and cost of lab testing.

Nicole M. Green, PhD, D(ABMM)  
Public Health Laboratory Director

\_\_\_\_\_  
Signature

(562) 658-1330  
Telephone number

\_\_\_\_\_  
Date

For other County facilities such as LAC+USC or Rancho Los Amigos, contact their lab director and obtain signature for approval:

\_\_\_\_\_  
Facility and Laboratory Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date