

## REQUEST FOR BILLING CHARGES TO A GRANT

**Please complete and return to Laboratory Client Services, Room 318 , Children's Hospital, 3<sup>rd</sup> floor, Attn Lab Billing or faxed to 792-4896. If there are questions regarding this form, please call Lab Billing at 2-0328. After completion, a customized grant lab request will be provided for submitting specimens to ensure proper billing.**

1. Primary Investigator in charge of grant: \_\_\_\_\_
2. Grant #: \_\_\_\_\_ HR # \_\_\_\_\_  
Full UDAK # (required for IIT billing) \_\_\_\_\_  
  
Business manager full name responsible for UDAK \_\_\_\_\_
3. Name of study: \_\_\_\_\_
4. Funded by: ☐ Corporate ☐ Federal ☐ Other \_\_\_\_\_
5. Is this study being conducted through the Clinical and Translational Research Center (CTRC) or utilizing CTRC resources? ☐ Yes ☐ No
6. Date study begins: \_\_\_\_\_
7. Date study ends: \_\_\_\_\_
8. Where reports are to be sent: \_\_\_\_\_
9. Approximate number of patients: \_\_\_\_\_
10. How many times will the test be repeated: \_\_\_\_\_
11. What is the frequency of these tests? (I.e. once a week, twice a week, etc.):  
\_\_\_\_\_
12. Name and number to call in case of a problem: \_\_\_\_\_
13. Lab Charges should billed once a month to: (Name and location) \_\_\_\_\_  
\_\_\_\_\_
14. If samples are not human, specify type of sample: \_\_\_\_\_
15. List the tests which are to be included in the study: \_\_\_\_\_  
\_\_\_\_\_
16. How will specimens be identified? ☐ By full patient name ☐ Other, specify below  
\_\_\_\_\_
17. Do these results need to be visible in Oacis? Yes No  
**Note: For results to be visible in Oacis, the patient must have a grant encounter created in IDX or Keane to obtain a financial number for that date of service. The financial number should be clearly visible on the grant lab request.**

## APPROVAL FOR BILLING CHARGES TO GRANT

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Investigator in charge of grant**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
**Business Manager in charge of UDAK**