

## Client Account Information

The following information is required to set up your account with ARUP Laboratories.

**Study Name:** (40 Character Limit)

**IRB#:**

**Department Name:**

Business Address 40 Character Limit PER LINE	Supplies Address (if different) 40 Character Limit PER LINE
<b>Address:</b> <b>Business City/State:</b> <b>Business Zip:</b>	<b>Address:</b> <b>Supplies City/State:</b> <b>Supplies Zip:</b> (Please provide only <u>one</u> address for supplies to be shipped.)

Billing Address (if different) 40 Character Limit PER LINE – 5 lines max	
<b>Billing Address:</b>  <b>Billing City/State/Zip:</b>	<b>Billing Contact Name:</b> <b>Telephone #:</b> <b>Fax #:      Email:</b>

Contact Information: (List persons that ARUP can contact if there are any questions concerning specimens/testing.) (Required)		
Specimen Issues:	Telephone #:	Email:
Study Coordinator:	Telephone #:	Email:
Primary Investigator:	Telephone #:	Email:

Chartfield or UHGL#: (Required)						
BU (2) \$ %	ORG ID (5)	FUND# (4)	ACTIVITY (5) PROJECT (8)	ACCOUNT (5)	A/U# (1) 1	EXP Date

Reporting: (May not apply to Histology services)	
<input type="checkbox"/> ARUP Connect (electronic Web portal)	Secure, HIPAA compliant Fax #:
<input type="checkbox"/> Fax	

Project Information: (This information is used as a tool to anticipate workload-estimates are acceptable.)			
Are specimens within published stability?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>No</b> , age of oldest specimen: _____	
If already collected, how have specimens been stored?	_____		
Sample Type?	<input type="checkbox"/> Human <input type="checkbox"/> Animal	Species: _____	
Estimated number of specimens:	_____	Start Date: _____	Completion Date: _____
Project Duration: (months)	_____		
Do you require interpretation by a pathologist?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please list ARUP Test(s) requested below. [ARUP Laboratories Test Directory](#) (Does not apply to Histology Research services)

ARUP Test Number	Test Name

Please return account setup documents via fax, 801-584-5030 or email:  
 Clinical Trials – [ClinicalTrials@aruplab.com](mailto:ClinicalTrials@aruplab.com)

\*\* Note: ARUP Laboratories performs testing under CAP and CLIA certification. ARUP Laboratories does not perform testing under any GLP guidelines or FDA regulations.

**Instructions for completing this form:**

1. Please **TYPE** the information into this form. Hand written forms are very difficult to interpret and mistakes can be made.
2. There are character limits in our system. Be mindful of the limits listed on this form or we will be forced to make our own abbreviations of this information.
3. The “Study Name” you provide will be used as the name of your account. You must provide a Study Name or your form will be returned.
4. IRB# is only required for Human studies. See #9 below.
5. Please provide your Department Name. This is used to categorize your account in our system.
6. Provide complete addresses. “University of Utah”, “SOM” or “Dr. Doe’s Lab” are not acceptable addresses.
7. Contact information is **REQUIRED**. We must have both a telephone number and email address. Do not abbreviate the phone number (e.g. 5-1234).
8. A complete Chartfield number is **REQUIRED**. See the resource below for help.  
[https://fbs.admin.utah.edu/help/resources\\_info/chartfields/](https://fbs.admin.utah.edu/help/resources_info/chartfields/)

**9. Reporting:**

ARUP Connect is a secure online resource that assists registered clients with management of their referral testing. Through ARUP Connect’s Order Management applications, clients have access to ARUP’s test directory, patient orders, and test results. Clients can also leave comments or special instructions for the testing lab and create detailed packing lists. You will not need Connect requisition for histology services because you will be picking up the materials that Histology Research prepares for you. Once your account is set up, I will provide you with a custom requisition that you will use to submit with your specimens. You will use this requisition to explain what services you need the lab to perform. You may find Connect convenient if you need access to invoices. The Fax option also allows ARUP to send result reports for testing that is ordered on your account, however, there are no result reports generated for Histology Research services.

10. **If your project requires the submission of HUMAN specimens, you will need to apply for an exemption from electronic (EPIC) ordering. Please follow the instructions below:**

To request an ARUP electronic (EPIC) ordering exemption or the creation of an Alias medical record, please save the form provided (from the link below) with the IRB number in the file name, complete the form, and email to [summer.davis@hsc.utah.edu](mailto:summer.davis@hsc.utah.edu) . Summer will review and respond within five business days.

<https://pulse.utah.edu/site/comser/clreco/Documents/Exclusion%20of%20Research%20Data%20-%20Procedure.pdf>

Once you have gone through the steps above, you will receive a notification that your exemption has been approved. At the bottom of the approval will be a link to a form – *Research billing Application for ARUP*. You will need to fill out this form and send it to me. This information along with the UU Client Account Information form will be used to set up a research account for you here at ARUP. Once your account set up is complete, I will send you a Custom ARUP requisition to submit your specimens.