

Biochemical laboratory

Institute of Medical Psychology

Center for Psychosocial Medicine (ZPM)

Universitätsklinikum Heidelberg

Bergheimer Str. 20 I 69115 Heidelberg

|  |
| --- |
| Name of the institution: |
| Project name: |
| Project management: |
| Contact:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate the number of samples to be analyzed after completion of the survey phase. Here, we need the information on how many subjects, measurement time points and samples are expected in total:  Number of subjects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of measurement time points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of samples per measurement time point: \_\_\_\_\_\_\_\_\_\_\_\_  Total number of samples (incl. all measurement time points): \_\_\_\_\_\_\_\_\_\_\_ samples |
| What type of biomaterial do you want to collect? Please mark with a cross:   * Blood * Saliva |
| Which parameters should be analyzed from which biomaterial? Please mark with a cross:   |  |  | | --- | --- | | I would like the following parameter(s) from **blood samples** to be analyzed: | I would like the following parameter(s) from **saliva samples** to be analyzed: | | * Cortisol * alpha-amylase * Oxytocin * Progesterone * Testosterone * Estradiol | * Cortisol * alpha-amylase * Oxytocin * Progesterone * Testosterone * Estradiol |   In case you would like to have more than one parameter analyzed: Do you want to have more than one parameter to be analyzed **from a single tube/sample**?   * Yes * No   In case you want to have more than one parameter analyzed from different samples/tubes, please contact us directly so that we can organize this upon individual consultation. |
| Which collection material do you use / do you want to use? Please mark with a cross where applicable and indicate **how many** tubes/samples of each collection material you require:   * Saliva:   + Salicaps, number: \_\_\_\_\_   + Salivettes, number: \_\_\_\_\_ * Blood:   + PAXgene, number: \_\_\_\_\_   + Monovettes, type:     - Serum (brown/white), number: \_\_\_\_\_     - EDTA (red), number: \_\_\_\_\_     - Citrate (green), number: \_\_\_\_\_     - Heparin (orange), number: \_\_\_\_\_     - Sodium fluoride (yellow), number: \_\_\_\_\_ |
| Do you want to order the supplies for collecting your samples via our laboratory or independently?  If you have any questions about this, please contact us directly.   * I would like to order the supplies myself. (In this case, please be sure to ask us whether the materials are compatible before ordering.) * I would like to order the supplies via the laboratory. (Please contact us as early as possible so that we can discuss with you which materials are most suitable.) |
| When do you plan to start collecting the samples / extracting the biomaterial? Please specify the date as precisely as possible.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (D/M/Y) |
| When do you plan to finish collecting the samples / extracting the biomaterial? Please specify the date as precisely as possible.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (D/M/Y) |
| At which temperature are the samples kept **before** they come to our laboratory?   * 0-7°C (Stored in the refrigerator) * -20°C * -80°C |
| From when should the samples be stored in our laboratory? Please specify the date as precisely as possible.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (D/M/Y) |
| May your samples be disposed at the end of our laboratory analyses?   * Yes * No (In this case, please arrange the return shipment of your samples with the laboratory management after the end of our analyses.) |
| By when would you like the laboratory analyses to be completed? Please specify the date as precisely as possible.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (D/M/Y)  *Note: We are very eager to meet your requirements. Nevertheless, time delays may occur depending on the situation at the time. Please plan accordingly.* |

**Important note:** Submission of this requisition form constitutes a binding order. Should the information given here about the project change, especially with regard to the number of samples, please inform us immediately. Thank you very much.

|  |
| --- |
| It is hereby confirmed that the declaration of consent for the collection of biomaterials (blood samples, saliva samples, other body materials) and participation in the project is available for each subject from whom biomaterials are collected. Only those biomaterials will be forwarded for analysis to the laboratory of the Institute of Medical Psychology at Universitätsklinikum Heidelberg for which the written consent of the person has been obtained.  \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature |

**Contact:**

For analyses of testosterone, progesterone, estradiol and oxytocin, alpha-amylase and cortisol:

Dr.phil. Ekaterina Schneider (lab management)

E-mail: [ekaterina.schneider@med.uni-heidelberg.de](mailto:ekaterina.schneider@med.uni-heidelberg.de)

Phone: +49 6221 56-8138