



Bioanalytical Project Checklist for Clinical Studies

I. Contact Information

| | | | |
|---|--|----------|--|
| Client Contact: | | Company | |
| Location: | | Website: | |
| Email: | | Phone: | |
| Person/Contact providing the information: | | Date: | |

II. Sample Analysis and Timing

| | | | |
|---|--|---|--|
| Expected # of samples and same type (for example: 2000 plasma and 300 urine samples): | | Approximate number of samples per shipment: | |
| Clinical study start: | | Expected end of study: | |
| Date first shipment expected: | | Frequency of Shipments (for example: weekly, monthly, quarterly): | |
| Type of study: | | Clinical Phase: | |
| Turnaround needed: | | | |

III. Compound Information

| | | | |
|-------------------------|--|---------------------------|---|
| Compound Name: | | Internal Standard: | |
| Provided by Client? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stable Label? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Commercially Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provided by Client? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, source: | | Commercially Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metabolites? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, which: | | | |

IV. Sample Information

| | |
|-----------------|---|
| Matrix: | <input type="checkbox"/> Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Whole Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other: |
| Anticoagulant: | <input type="checkbox"/> KEDTA <input type="checkbox"/> NaEDTA <input type="checkbox"/> NaHeparin <input type="checkbox"/> Li Heparin <input type="checkbox"/> Other: |
| Other additive? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: |

Additional description if needed:

V. Assay Information

| | |
|-----------------------------|--|
| Analytical technique: | <input type="checkbox"/> LC-MS/MS <input type="checkbox"/> HPLC-UV <input type="checkbox"/> HPLC-Fluorescence <input type="checkbox"/> ELISA <input type="checkbox"/> Electrochemical <input type="checkbox"/> Other: |
| Existing Method? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, attach reference or link. |
| Validated to FDA standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Range: | |
| Stability Issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Solubility Issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | Stability Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |



VI. Sample Shipment

BASi Sample Management

2701 Kent Avenue

West Lafayette, IN 47906

765-463-4527

Please email notification of shipment to samples@basinc.com

Contract information for bioanalytical questions: BASibio@basinc.com