

REQUEST FORM FOR RETRIEVING BLOCKS AND SLIDES FROM ARCHIVAL PATHOLOGY SAMPLES

Translational Pathology Shared Resource (TPSR)

CONTACT INFORMATION

Principal Investigator: _____ PI Phone: _____ Fax: _____
Contact Person: _____ Phone: _____ Email _____
Center for Billing#: _____

Collaborating pathologist (strongly recommended): _____

IRB # covering this research: _____

Upload IRB Acceptance Letter: _____

Provide a brief description of the aims of this research and the justification for tissue procurement.

Clinical Trial or Protocol # (if relevant): _____

Pages Defining Pathology Requirements in Protocol: _____

Patient Name: _____ Medical Record #: _____

Upload Protocol (if relevant): _____

All applications for which blocks and slides leave the pathology department and/or TPSR are subject to review and approval by the TPSR Directorship.

Blocks to leave Pathology/TPSR (blocks do not leave if only pulled for histology purposes within TPSR) :

No Yes

Slides to leave Pathology/TPSR (slides can be in the guardianship of the collaborating pathologist) :

No Yes

SERVICES REQUESTED

A. Blocks:

For Histology within TPSR: No Yes

If yes, see link below.

Surgical pathology number: _____

All blocks in the case

Selected blocks: _____

B. Slides:

Surgical pathology number: _____

All slides in the case

Selected slides: _____

PLEASE COMPLETE HISTOLOGY REQUEST FOR TISSUE ACQUISITION IF HISTOLOGY IS REQUESTED

AGREEMENT

I. Agreement for use of Tissues provided by the Translational Pathology Shared Resource

I hereby agree that the tissues provided by the Translational Pathology Shared Resource will be used for research purposes only. Tissues shall not be sold or distributed further to third parties. The tissues are provided as a service to the research community without warranty or merchantability of fitness for a particular purpose or any other warranty, express or implied.

II. **Tissues of Human Origin Agreement**

I understand that although the Translational Pathology Shared Resource attempts to avoid supplying tissues contaminated with highly infectious agents such as hepatitis, HTLV-III, etc., all tissues should be handled as if potentially infectious. The Translational Pathology Shared Resource accepts no responsibility for any injury (including death), damage or loss that may arise either directly or indirectly from the use of these tissues. I assume all risks and responsibility in connection with the receipt, handling, storage and use of these tissues. I, as the investigator receiving these tissues, also **assume full responsibility for informing and training all personnel in the dangers and procedures for safe handling of these and all other human tissues.** I further agree to indemnify and hold harmless the Translational Pathology Shared Resource from any claims, costs, damages, or expenses resulting from any injury (including death), damage or loss that may arise from the use of the tissues provided by the Translational Pathology Shared Resource.

III. **Acknowledgement**

I understand that I am expected to acknowledge the contribution of the Translational Pathology Shared Resource in all publications resulting from the use of the tissues and additionally forward all references citing this grant to the TPSR.

Typed or Printed Name

Signature

Date