

REQUEST FORM FOR PROSPECTIVE TISSUE COLLECTION – CONSENTED OR SPORES

Translational Pathology Shared Resource (TPSR)

CONTACT INFORMATION

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

IRB # covering this research: _____
Attach 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): _____
Attach Protocol (if relevant): _____

SERVICES REQUESTED (PER PATIENT)

*** All requests for tissue collection must be submitted no later than 24 hours before the requested collection.**

A. Patient Information

- 1. Patient Name: _____ Medical Record #: _____
- 2. Date of Surgery: _____
- 3. Surgeon: _____
- 4. Location: _____
 Pick up tissue in OR Pick up tissue in Surg Path

B. Specimen Criteria :

- 1. Anatomic Site or Tissue type: _____
 Malignant Normal only Normal matched tissue
 Benign Disease _____ Other: _____
- 2. Amount of tissue required (minimum to maximum size): _____
- 3. Sterile specimen required? Yes No

C. Preparation and preservation of specimen (Check all that apply):

- Fresh. Please indicate media requirements: _____
- Frozen. Please indicate freezing requirements: _____
- Fixed. Please indicate fixative requirements: _____

D. Specimen Information Required:

Anatomic site of tissue, final diagnosis, patient age, sex and race (if available) will be provided for all specimens. Please indicate any other information needed:

Histology Request Forms can be found in the Laboratory.

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 Share Resource in all publications resulting from the use of these tissues and additionally forward all references citing this grant to the TPSR.

Typed or Printed Name

Signature

Date