

CLINICAL SPECIMEN RELEASE REQUEST

*** Note changes to tissue handling ***

CONTACT INFORMATION

| | | |
|----------------------------------|---------------|---------------|
| Requester (Please Print): | | Date: |
| Phone: | Pager: | Email: |
| Principal Investigator: | | |

PURPOSE

Protocol #/ Study Name:

Special Handling Material Requested:

Fresh Tissue – 10% of tumour specimen if appropriate and will not jeopardize diagnostics

Anatomic Site:

Tissue Type:

Amount:

Special Handling: **DO NOT PLACE IN PARAFFIN/ FORMALIN**

Approved personnel for pick up:

Approved personnel for transport:

Please Present the Following:

- Signed Patient Consent form for study

For Pathology Department Use Only

Approved

Denied

Comments:

- Amount of material is dependent on amount available, at the pathologists' discretion
- Only resection material
- Needle core biopsies excluded

Signature:

Date: