## 

## Pathology Translations Research Services

#### APPLICATION FOR HUMAN TISSUE FROM PATHOLOGY RESOURCES

Attached is a copy of the Application for Tissue for Biomedical Research. Please complete and return it by mail, fax or .pdf to my attention with a copy of your local Research Ethics (IRB) approval.

You will be contacted by our Contracts Office to sign a Materials Transfer Agreement.

**Activation of your study will begin after the MTA has been signed.**

A Cost Estimate will be forwarded to your attention based on the information provided in the Application form. Please have this signed back to my attention with an account number to be billed.

You will be billed for the work and materials through the Finance Department, London Health Sciences Centre.

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**It is London Health Sciences Centre policy not to release original (diagnostic) glass slides or paraffin blocks. We can provide recuts (up to 12 per biopsy block or 25 per block of resected tissue) stained or unstained.**

Please let me know if I can be of any further assistance.

Karen Mackie

Tissue Resources Liaison

Revised: March 10, 2017

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| --- | --- | --- | --- | --- |
| Pathology Translations Research ServicesAPPLICATION FOR HUMAN TISSUE FROM PATHOLOGY RESOURCES 1. Principal Investigator: | | | **PTRS # \_\_\_\_\_\_** | |
| Mailing Address: |  | | | |
| Telephone:       Fax:       Email: | | | | |
| Title of Research: |  | | | |
|  | | | | |
|  | | | | |
| 1.1 Do you or a co-investigator have a medical staff appointment with LHSC or SJHC?  YES  NO | | | | |
| 1.2 If you have a collaborator within the Department of Pathology, if so ask them to sign below in agreement. | | | | |
| “ I have read the study protocol and am willing to participate as collaborator.” | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| 2. Human/Research Ethics Review Board Approval - For this project: | | | | |
| * 1. Have you submitted an application to the University of Western Ontario, Research Ethics Board?   YES | | | | |
| NO If no (please explain): | | | | |
|  | | | | |
| **Your study will not be activated until a copy of your UWO REB approval letter is received.** | | | | |
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| **3.** **Funding** | | | | |
| 3.1 Is funding available for this project?  YES  NO | | | | |
| 3.2 What is your Funding Source? | | | |  |
| 3.3 Grant number to be billed for applicable expenses: | | | | |
| 4. Summary of Research, please include specifics on tissue use (200 words or less): | | | | |
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| 5. Tissue Requested: (Please itemize on this form as specifically as possible) | | | | |
| 5.1 Expected number of LHSC patients whose tissue you wish to collect: \_\_\_\_\_\_\_\_ | | | | |
| 5.2 Expected period of tissue specimen collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years, months) | | | | |
| 5.4 Tissue Type: Fresh/Frozen  and/or Archival | | | | |
| 5.5 Tissue Quantity/Size of sample (fresh/frozen) and/or # of stained/unstained slides (archival): | | | | |
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| 6. Do you want the sample: (Be as specific as possible): | | | | |
| 6.1 With Patient ID ? (eg. Name, PIN, case number)  YES | | | | |
| 6.2 ID’d by your own study number only?  YES | | | | |
| ► If by your study number, how do you intend to designate the patient specimens? | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Principal Investigator : | | | | |
| Date: | | | | |
| LHSC/SJHC Collaborator: | | | | |
| Date: | |  | | |
| **(*Please print, sign, date and send a copy of completed form by mail/fax/.pdf to the address below\*\**).** | | | | |

**PLEASE NOTE:**

**► A cost estimate of pertinent charges will be provided to you.**

**► It is London Health Sciences Centre Policy not to release original pathology**

**material (blocks or slides).**

\*\*LHSC, University Hospital, Pathology and Laboratory Medicine

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