



## SECTION C. HUMAN TISSUE

### Section C1

2. Will **only** that tissue normally taken for therapeutic or diagnostic purposes be used?

- Yes, only left over tissue from therapeutic or diagnostic procedures will be used.
- No, Extra tissue **will** be taken for research in addition to that taken for diagnostic purposes
- No. Tissue will be taken for research **only** and **not** for diagnostic purposes

If #2 is answered “no” Section C2 #3A should be answered “yes” and the remainder of that section completed. The consent form must include the risks of obtaining tissue for research.

3. Please give a brief summary of the study below as it relates to the use of human tissue. Include the following:

1. What tissue will be requested (organ, site, location etc) and from what procedure (needle biopsy, resection, etc)
2. What will be done with the tissue (testing, banking etc) including specific antibodies etc,
3. Who will do any testing (WCMC Department of Pathology or specify other laboratory).

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For Department of Pathology and Laboratory Medicine use only:

**Pathology Number:** \_\_\_\_\_

## Section C2

**1. Tissue Submission Policy:** Human tissue removed during a diagnostic or therapeutic procedure must be submitted to Pathology intact and may not be incised, opened, or damaged in any way, with the exception of surgical waste (defined in #2). Peripheral blood is not considered tissue.

**2. Surgical waste** is specifically defined by the Medical Board as:

1. Subcutaneous tissue removed to facilitate wound closure
2. Tissues significantly altered or diluted by the procedure such as
  - 1) lens phakoemulsifications,
  - 2) vitrectomy specimens
  - 3) liposuction specimens.

3. If tissue does not meet the specific definition of surgical waste above, it **may not** be removed from the specimen before receipt in Pathology, nor used for research without approval by the Department of Pathology and Laboratory Medicine. Any exception must be detailed below.

A. Is an **EXCEPTION** to the Tissue Submission Policy being requested?

No, Proceed to Section C3

Yes. Please explain in detail the basis of your exception request.

B. Provide explanation here:

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For Department of Pathology and Laboratory Medicine use only:

**Pathology Number:** \_\_\_\_\_

**Section C3 Tissue Request Form**

1. Principal Investigator \_\_\_\_\_

2. Name of Protocol \_\_\_\_\_

3. Pathologist (if co-investigator only) \_\_\_\_\_

4. Organ/anatomic site of tissue (example- breast, lymph node etc) \_\_\_\_\_

5. Type of tissue requested (check all that applies):

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Fresh  | Total # of cases _____          |
| <input type="checkbox"/> Formalin-fixed, paraffin-embedded              | Total # of cases _____          |
| <input type="checkbox"/> Fresh-Frozen Tissue Procurement and/or Storage | Total # of cases _____          |
| <input type="checkbox"/> Paraffin Block Processing                      | Total # of cases _____          |
| (Include numbers for each item checked)                                 | Number of blocks per case _____ |

6. If fresh, optimal amount of tissue requested on each patient (mm x mm x mm) \_\_\_\_\_

7. If formalin-fixed paraffin-embedded tissue (check all that apply):

- |   | # of Slides per Block | # of Tissue Blocks per case |
|---|-----------------------|-----------------------------|
| <input type="checkbox"/> Slides – stained                           | _____                 | _____                       |
| <input type="checkbox"/> Slides – unstained                         | _____                 | _____                       |
| <input type="checkbox"/> Slides- unstained for immunohistochemistry | _____                 | _____                       |
| <input type="checkbox"/> Special Stains                             | _____                 | _____                       |
| <input type="checkbox"/> Paraffin Sections for DNA analysis (TUBE)  | _____                 | _____                       |

**The amount of tissue requested may not be available on every subject. Release of tissue is at the discretion of the Department of Pathology and Laboratory Medicine who will retain tissue for future clinical diagnostic, therapeutic and/or prognostic testing and disease monitoring (as per NYCRR 58-1.13 slides and blocks must be retained by Pathology for a minimum period of 20 years).**

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**No tissue may be obtained or released until this paperwork is on file in the Department of Pathology and Laboratory Medicine.**

For Department of Pathology and Laboratory Medicine use only:

Note: Pathology Approval Stamp Field

Path Number \_\_\_\_\_

Exception: \_\_\_\_\_ Additional \_\_\_\_\_ Research only \_\_\_\_\_ BM \_\_\_\_\_ Other \_\_\_\_\_ None

**Signature:** \_\_\_\_\_