

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 in addition to that taken for diagnostic purposes **will** be taken for research purposes

No, tissue will be taken for research purposes **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.

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)
2. From what procedure (e.g. needle biopsy, resection, etc)
3. What will be done with the tissue (testing, banking etc) including specific antibodies or tests
4. Who will do testing – WCMC Department of Pathology or other

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 at this institution must be submitted to Surgical Pathology intact and may not be incised, opened, or damaged in any way, with the exception of surgical waste (as defined in #2).

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 Surgical 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, and obtain the additional signature of approval by the Department of Pathology and Laboratory Medicine

B. Provide explanation here:

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Pathology Number _____

Section C3 Tissue Request Form

1. Principal Investigator _____

2. Name of Protocol _____

3. Pathologist (only if co-investigator) _____

4. Organ/anatomic site of tissue _____

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

- | | |
|---|---------------------------------|
| <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 | Number of blocks per case _____ |

6. If fresh, optimal amount of tissue requested/case (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 patient. 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).

After IRB approval, a copy of the IRB approval letter and this tissue section must be sent to submit2pathology@med.cornell.edu.

For Department of Pathology and Laboratory Medicine use only:

Protocol Number _____

Pathology Number _____

Exception _____ Additional _____ Extra tissue _____ Research only _____ Other _____ None

Signature _____