

IMPORTANT: Adobe Reader or Adobe Acrobat is Required for proper Viewing and Saving of the information you enter on this PDF form.

Tissue Request Form

Tissue Distribution & Analysis (TDA Service)

RETURN COMPLETED 2-PAGE FORM
via email to: tda@yale.edu and yalai.bai@yale.edu

Date _____

REQUESTOR

Name _____
Title _____
Department _____
Phone _____
Email _____
PI (name and title) _____

CONTACT PERSON if different (e.g., for pick-up)

Name _____
Title _____
Department _____
Phone _____
Email _____
PI (name and title) _____

PROJECT CHARGING (please enter COA number)

CO01 • GR _____ • YD _____ • CC _____ • PG _____ • PJ _____ • _____ • FD _____ • (L) • (S)
Grant Yale Desig. Cost Center Program Project Assignee Fund

NOTE: FOR BEST SERVICE COMPLETE ENTIRE FORM (items 1-8 below)

1 Patient consent obtained for this specific study: YES NO

2 Tissue Type:

Autopsy Surgical Cytology

Post Mortem Interval

Post mortem interval should be within:

24 hours
 48 hours
 72 hours

Ischemic Time

Time specimen is removed from patient to time tissue is frozen or fixed should be within:

2 hours
 5 hours
 overnight in fridge

4 Diagnosis:

5 Normal Tissue from same organ is required:

YES NO

6 Greatest dimension of tissue requested:

5mm
 10mm
 20mm or larger

3 Tissue Site or Cytology Specimen Type: _____

Preferred processing methods:	Snap-Frozen in Liquid Nitrogen	Snap-Frozen as OCT block	Keep Fresh Tissue in RPMI Medium	Formalin-Fixed	RNA Later	Glutaraldehyde
7 Number of samples required:						

Continued — please complete items on Page 2

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8 Is the request for fresh or frozen tissue from 4 or more patients? YES NO

If YES, please state the following in 2-3 sentences and email Yalai Bai (yalai.bai@yale.edu) for preparing YPTS tissue collection protocol:

Purpose of this study:

Clinical significance of this study:

If NO, this tissue request is considered as a Mini SOP. Please read the following conditions, sign, and email Yalai Bai at yalia.bai@yale.edu for Pathology approval.

1. Cases of interest is three or fewer. MiniSOP is not renewable. A standard YPTS tissue collection SOP is required if additional tissue is needed.
2. Only tissue that is in excess and not required for pathological diagnosis as determined by pathologist or pathologist assistant will be used for this protocol. No tissue should be collected prior to specimen inspection by pathologist's assistant or pathologist.
3. If frozen section performed: Intraoperative diagnosis is prioritized over any tissue acquisition for research purposes. Samples from non-frozen tissue may be obtained only after the frozen section diagnosis is rendered or with the permission of the attending frozen section pathologist.
4. Since the tissue collection activity is covered by the YPTS banking protocol, only anonymous clinical information will be provided.
5. To prevent tissues from being used in a manner that jeopardizes patient care, all frozen tissue will be subject to Tissue Usage Restriction for one month after sign out.

Tissue Request Mini SOP

Specimen of interest (3 or fewer cases).

Reviewed by:

Principal Investigator (Name)	Date	Signature
Pathology Division Director (Name)	Date	Signature
Anita Huttner, MD Associate Professor of Pathology Associate Director, Yale Pathology Tissue Services (YPTS)	Date	Signature