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| **Fraser Health Laboratory Medicine & Pathology RM0500F1**  **Request for Anatomic Pathology Support of Research or Clinical Trials**  **Requesting Archived Materials** | | | | |
| **Instructions and information for requesting FH Anatomic Pathology Material**      1. Submit documents to the Laboratory Research Coordinator (LRC)   * This form: RM0500F1 * An current e-copy of the protocol * A current e-copy of the REB certificate indicating a specific Anatomic Pathology site(s) within FH where research is to be conducted   2. Shipping   * Please provide a contact name and complete shipping address       3. Billing   * By submitting this form, the researcher agrees to pay the fees outlined in the Anatomic Pathology Fee Schedule * Please provide a billing contact name and address   4. Consent   * After submitting the above to the LRC, **the site will request a copy** of the patient’s signed consent form to release the material * If the Informed Consent Form has been waived, email only the waiver * **Note:** *Do not email any signed consent forms; the site will request the form to be faxed directly to them*   5. Confidentiality   * For privacy and confidentiality purposes, do not submit patient information with this request or via email. | | | | |
| **Date of Request** | Click here to enter a date | **REB#** | Click here to enter text. |
| **Site(s) the materials are being requested from:**  **ARH BH RCH SMH  OTHER** Please Specify | | | | |
| **Principal Investigator Name** | Click here to enter text. | Email Address | Click here to enter text. |
| Department | Click here to enter text. | Phone Number | Click here to enter text. |
| **Requestor Name** | Click here to enter text. | Phone number | Click here to enter text. |
| Email Address | Click here to enter text. |  | |
| **Shipping Information** | Consignee | Click here to enter text. | |
| Shipping Address | Number and street | Click here to enter text. | |
|  | City | Click here to enter text. | |
|  | Province, Postal Code | Click here to enter text. | |
| **Name of Paying Agency** | Click here to enter text. | Contact Name | Click here to enter text. |
| Phone Number | Click here to enter text. | Email Address | Click here to enter text. |
| Billing Address | Number and street | Click here to enter text. | |
|  | City | Click here to enter text. | |
|  | Province, Postal Code | Click here to enter text. | |

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| **Expected Laboratory Involvement** | | |
| **Required Specimen Type(s):** | **Archival Formalin Fixed Paraffin Embedded Tissue Blocks**  **Core Bone Marrow Biopsies**  **Paraffin Processing**  **Unstained Sections or 50 micron Curls**  **H&E Recut Slides**  **Histochemical stains**  **Immunohistochemical Stains**  **Pathologist Review** | |
| **Laboratory Medicine** | | |
| **If you are requesting support for Laboratory Medicine involvement, please submit RM0100F1**  **Fraser Health Laboratory Medicine Request for Support of Clinical Trials or Research RM0100F1** | | |
| **Acknowledgement & Submission** | | |
| By submitting this form, the researcher agrees to pay appropriate FH fees, as outlined in the AP fee schedule | | |
| **Contact Information** | | |
| Caroline Arnold  Fraser Health Regional Laboratory Research Coordinator  Laboratory Medicine & Pathology Program  Surrey Memorial Hospital  13750 96th Avenue, Critical Care Tower 4th floor  Surrey, B.C.,  V3V 1Z2 | | Email: caroline.arnold@fraserhealth.ca  Phone: 604-585-5666 Ext: 774675 |