|  |
| --- |
|  **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. |

|  |
| --- |
| **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 ArnoldFraser Health Regional Laboratory Research CoordinatorLaboratory Medicine & Pathology ProgramSurrey Memorial Hospital 13750 96th Avenue, Critical Care Tower 4th floorSurrey, B.C.,  V3V 1Z2 | Email: caroline.arnold@fraserhealth.ca Phone: 604-585-5666 Ext: 774675 |