

Requests to MGH Pathology via the DF/HCC Pathology Specimen Locator [PSL] Core

Supplemental Information Form

Thank you for your request for patient materials from MGH Pathology via the DF/HCC PSL Core. This form is required in addition to submitting a **BWH Pathology [DF/HCC]** work request in Harvard Medical Area Core Management System at <https://pathcore.hms.harvard.edu>. No requests will be considered until both have been submitted.

(Note: If you are requesting tissue from multiple specimens, only one (1) form per IRB protocol needs to be completed.)

BWH Pathology [DF/HCC] work request #: [e.g. BPC-19-XX-0123] _____

Name of Requester: _____ Email Address: _____

	Case Accession # [e.g. S19-12345]	Patient Name	D.O.B.
1.			
2.			
3.			

IRB Protocol Number: _____ Study Title: _____

Principle Investigator (PI): _____ Email Address: _____

Collaborating Pathologist(s): _____

Is MGH a participating site on this protocol? ☐ YES ☐ NO

If YES, MGH Site PI: _____

Provide a brief description of the research study, including type of tissue being requested and its intended use:

Categorize the research study into one of the following four (4) categories:

Group A:

- ☐ Patient treatment in the context of a clinical trial*
☐ Clinical trial correlative studies

Group B:

- ☐ Ongoing retrospective study/case series
☐ Tissue collection for banking/repository

Is >50 microns total tissue per case being requested? ☐ YES ☐ NO

If YES, please provide a justification below:

Return completed form via email to TBOWMAN@PARTNERS.ORG, with a subject line: **Request for MGH Materials**. Please include copies of **IRB approval/continuing review form (listing expiration date)** and **signed patient consent(s) for use of tissue**, if applicable. If the protocol was approved with waiver of patient consent, please check this box: ☐

If you have questions regarding this order please contact Teri Bowman from the BWH Pathology [DF/HCC] Cores at TBOWMAN@PARTNERS.ORG

**Please provide an alternate block in the event your first choice is unavailable. This will keep any delay to a minimum.*

For MGH Pathology use only: ☐ Approved ☐ Denied Reviewed by: _____ Date: _____