

SUMMARY SHEET FOR PATHOLOGY DEPARTMENT TISSUE AND/OR INFORMATION
Yale University School of Medicine and Yale-New Haven Hospital

NOTE: THIS SHEET MUST BE RETURNED TO PATHOLOGY AFTER HIC APPROVAL IS OBTAINED.
 Before planning and research involving Pathology samples or information, please consult with a Pathology Department contact person for advice as to the feasibility and possible costs of the research. HIC approval does NOT guarantee that any or all requested samples or information can be supplied.

A. General information: Date: _____

Principal Investigator: _____
Last name First name

Mailing address: _____ Telephone: _____

List all other investigators to receive tissue and/or information
Last name First name

Funding source: _____

Title of grant/contract: _____

Grant/contract is: pending funded If funded, grant number: _____

B. Protocol will involve the following:

1. Title of HIC protocol: _____

2. Number of subjects: _____ 3. Yale-New Haven Hospital cases only? Yes No

4. Age/Sex: Adult Child 0-15 yrs Fetus 20+ wks Fetus <20 wks Female Male Either

5. Known disease, diagnosis, etc.: _____

6. Type(s) of tissues: _____

7. Tissues/information to be tested/used for: _____

- | | |
|--|--|
| 8. Consent
<input type="checkbox"/> a. informed consent (<i>please attach form</i>)
<input type="checkbox"/> b. clinical notification (<i>circle: Surgical/Autopsy/Cytology</i>)
<input type="checkbox"/> c. HIC waiver of consent is requested | 9. Tissue requested (<i>check one or more</i>)
<input type="checkbox"/> a. none (<i>skip to question 13</i>)
<input type="checkbox"/> b. recuts of paraffin blocks
<input type="checkbox"/> c. frozen tissue
<input type="checkbox"/> d. fresh tissue (<i>please justify need</i>)
<input type="checkbox"/> e. other: _____ |
|--|--|

10. Is all of the requested tissue already collected? Yes No

- | | |
|---|---|
| 11. Tissue collection method
<input type="checkbox"/> a. procedure solely for research
<input type="checkbox"/> b. additional during medical procedure
<input type="checkbox"/> c. excess after path, exam, ("discarded" tissue)
<input type="checkbox"/> d. tissue collected in OR (<i>please justify need</i>)
<input type="checkbox"/> e. use of diagnostic paraffin blocks
<input type="checkbox"/> f. other: _____ | 12. Tissue identification requested (<i>check one</i>)
<input type="checkbox"/> a. patient identified; i.e., Pathology case #
<input type="checkbox"/> b. patient not identified in any way
<input type="checkbox"/> c. patient identity coded by (<i>fill in name</i>): _____ |
|---|---|

13. Information requested (*check one or more*)
- a. account on computerized Pathology Information System (includes patient name)
 - b. Pathology Reports (includes patient name)
 - c. list of Pathology case #s (includes patient name); i.e., SNOMED search of database
 - d. minimal information about unidentified or coded tissues
 - e. other: _____

C. Reviewed by Pathology for submission to HIC:

Pathology Department contact person Director of Anatomical Pathology (required for tissue requests)

D. For HIC use only: _____
Approval date Expiration date Human Investigation Committee