

Surgical Pathology Request for Human Tissue

Submit to: Mary Adams
Director, Research Subjects Review Board
Box 315
Telephone X3-4574

David G. Hicks, M.D.
Director, Surgical Pathology Unit
Box 626
Telephone: X6-4246

Date: _____

Investigator: _____

Telephone: _____

Experimental Project Title: _____

Name of pathology faculty with whom you are collaborating on this project:

Tissue required: _____ **Minimal requirements:** _____

How should the tissue be stored?: _____

Special handling or procedures required: _____

Goals and descriptions of project: *(Append 1 page abstract) Note: This request will require prior approval by the Institutional Research Subjects Review Board. Please append a copy of the application and approval to this request.*

Funding source: _____ **Grant No.:** _____

Dates: 1) Start: _____ **2) Completion:** _____

Please allow two weeks between submitting this request and start of experiments. If additional time is needed, you will be notified.

AFFIRMATION: *I have attended training on the OSHA Bloodborne Pathogens Standard (29 CFR 1920-1030). I agree to abide by the requirements of the Exposure Control Plan in Relation to universal precautions, protective equipment, and disposal. Attached is a summary page describing the Exposure Control Plan.*

Signature of investigator: _____ **Date:** _____

APPROVAL: _____ **Approval No.:** _____

Mary Adams, Director, Research Subjects Review Board

Date: _____

David G. Hicks, M.D., Director, Surgical Pathology Unit

Date: _____

This request is valid from one (1) calendar year from the date of approval above. If the project is continuing, annual renewals are required. 1/16/2008