## Requests to MGH Pathology via the BWH Pathology Cores [DF/HCC]

## **Supplemental Information Form**

Thank you for your request for patient materials from the MGH tissue archives. This form is required in addition to submitting a BPC service request in the MGB Core Management System.

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.)

Service request # [e.g., BPC-24-XX-0123]: \_\_\_\_\_

Collaborating Pathologist(s):	Name: of Requester: Email:				
2.  3.   Study Title: Study Title: Email Address: Collaborating Pathologist(s): Is MGH a participating site on this protocol?	Case Accession # [e.g., S19-12345]	Patient Name		D.O.B.	
IRB Protocol Number: Study Title:  Principle Investigator (PI): Email Address:  Collaborating Pathologist(s):  Is MGH a participating site on this protocol?	1.				
IRB Protocol Number: Study Title:  Principle Investigator (PI): Email Address:  Collaborating Pathologist(s):  Is MGH a participating site on this protocol?	2.				
Principle Investigator (PI):Email Address:  Collaborating Pathologist(s):  Is MGH a participating site on this protocol?	3.				
Collaborating Pathologist(s):	IRB Protocol Number: Study Title:				
Is MGH a participating site on this protocol?   If YES, MGH Site PI:  Provide a brief description of the research study, including type of tissue being requested and its intended use:	Principle Investigator (PI):Email Address:				
If YES, MGH Site PI:  Provide a brief description of the research study, including type of tissue being requested and its intended use:	Collaborating Pathologist(s):				
Provide a brief description of the research study, including type of tissue being requested and its intended use:	Is MGH a participating site on this protocol?	☐ YES	$\square$ NO		
	If YES, MGH Site PI:				
	Provide a brief description of the research study, including type of tissue being requested and its intended use:				
☐ Tissue to be mounted on Charged Slides ☐ Tissue to be mounted on Uncharged Slides					
Categorize the research study into one of the following four (4) categories:  Group A:  Group B:					
□ Patient treatment in the context of a clinical trial* □ Ongoing retrospective study/case series					
☐ Clinical trial correlative studies ☐ Tissue collection for banking/repository					
Is >50 microns total tissue per case being requested? $\square$ YES $\square$ NO					
If YES, please provide a justification below:					
Return the completed form to shlcorelab@BWH.HARVARD.EDU 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 any questions or would like an update on the status of your service request; please contact the research tea Teri at tbowman@mgb.org and Donna at dmskinner@bwh.harvard.edu.					
*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:  Updated on January 12, 2024; L. Wyner		d □ Denied R	eviewed by:	Date:	