

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 patient needs to be completed.)

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

Name: of Requester: _____ Email: _____

Table with 4 columns: Case Accession # [e.g., S19-12345], Patient Name, D.O.B., and a numbered list (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:

Empty rectangular box for research study description.

[] Tissue to be mounted on Charged Slides OR [] Tissue to be mounted on Uncharged Slides

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:

Empty rectangular box for justification.

Return the completed form to spolo@bwh.harvard.edu with the subject line containing your service request # [e.g., BPC-24-XX-0123]. 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, please contact the research team: 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 May 28, 2024; L. Wyner