|  |
| --- |
| PBC# |

Instructions: Complete this form at your computer and send to the MS Outlook distribution list “PBC Clinical Trial Staff” along with the signed patient consent. We cannot process your request unless the signed consent is included and all required fields are completed! (*required fields are marked with an arrow*)

|  |  |  |
| --- | --- | --- |
| ⇨ | **Request Date:** | Click here to enter a date. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ⇨ | **Trial Service Requested:** Protocol # (HCC, etc.) | | | | | | HCC# | | | |
| ⇨ | **Trial type:** |  | LAPS |  | Non-LAPS |  | |  |  |  | |
| ⇨ | **Site:** |  | Magee |  | Passavant |  | | Presbyterian/Mercy |  | Shadyside | |

⇨ **Tissue source (choose one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Archival Tissue |  | Fresh Specimens |
| (10 business days unless STAT is selected below) | | |  |  | | --- | --- | | Date of procedure: | Click here to enter a date. | | Specimen types: | Click here to enter text. | | Trial time point: | Click here to enter text. | | |
|  | | Collect and transport only  Collect and transport + special handling  Tissue processed into paraffin block  Cytopathologist on-site evaluation  Sentinel lymph node | |

⇨ **Additional charges (choose one)**

|  |  |
| --- | --- |
|  | STAT (Priority Handling, typically ≤ 5 days if no Special Handling or processing issues) |
|  | Special Handling → Enter specifics in Special Handling box on page **3**. |
| *examples:* | • *Store at 4°C • Imaging • Use desiccant*  *• Air dry and store at 4°C • Special slides (not provided) • More than 2 cases*  *• Core Punches • Thick sectioning (≥10 µm) / Scrolls • More than 5 blocks*  *• Store slides overnight (elevated temperature) • Paraffin dipping*  *• Ship off site (UPS/FedEx way bill required)* |
|  | No additional charges, please. |

NOTE: Cancelled trials in which work was performed by PBC staff or pathologist shall incur a fee.

NOTE: It is the Department of Pathology’s Policy that the patient’s diagnostic paraffin embedded surgical tissue (FFPE) blocks remain within the Department of Pathology. The department will accommodate by submitting representative sections for the study. Permission will be required from an Anatomic Pathologist from that Center of Excellence for the release of FFPE blocks. The requests are expected to be for preparations from representative blocks (Tumor/Normal).

⇨ **Requesting Coordinator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: click to enter name | | Phone: enter phone # | Email: enter email address |
| Address: | address line 1 | | |
|  | address line 2 | | |
|  | address line 3 | | |

⇨ **Trial Information**

|  |
| --- |
| Primary Investigator: enter investigator name |
| Trial Title: enter trial title |
| IRB Protocol # enter IRB protocol number |

⇨ **Patient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: enter patient name | | | DOB: enter patient D.O.B. |
| Surgical/Cytological Pathology Report # | | enter path. report number | |
| Study ID # | enter Study ID# | | |

**Material Requirements (check all that apply)**

|  |
| --- |
| ARCHIVED PARAFFIN BLOCK  Archived Paraffin Block (block designation)  If a block was requested and cannot be provided, please send slides per below requirements.  Original slides: enter quantity. → Staining: enter stain.  -*Original slides must be returned to the institution*  H&E slide recuts: enter quantity.  unstained slides: enter quantity at enter thickness microns.  unstained slides: enter quantity at enter thickness microns.  unstained slides: enter quantity at enter thickness microns.  unstained slides: enter quantity at enter thickness microns. |
| CREATION OF NEW BLOCK (from fresh biopsy material)  Paraffin block Time in formalin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  H&E slides: enter quantity  unstained slides: enter quantity at enter thickness microns.  unstained slides: enter quantity at enter thickness microns.  unstained slides: enter quantity at enter thickness microns. |

|  |
| --- |
| **Special Handling →** must mark “Special Handling” on page **1**. |
| Paraffin scrolls: enter quantity at enter thickness microns.  Core punches: enter quantity at enter diameter millimeters.  Imaging  Store at 4°C  Air dry and store at 4°C  Use desiccant  Paraffin dipping  Store slides overnight (elevated temperature)  Use special slides (not provided by CRS)  Ship off-site (UPS/FedEx way bill required)  Thick Sectioning (e.g., 10 µm)  Other – enter special instructions here |

**Additional comments regarding protocol processing**

|  |
| --- |
| type or paste your special criteria here |

|  |  |  |
| --- | --- | --- |
| Requires Pathologist review of H&E | | |
| **FOR PATHOLOGIST USE ONLY** | | |
| Result of review: | | Pathologist |
| ☐ Acceptable | ☐ Unacceptable | Signature: |

⇨ **Material Delivery Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: click to enter name | | Phone: enter phone # | Email: enter email address |
| Address: | address line 1 | | |
|  | address line 2 | | |
|  | address line 3 | | |
| Additional comments: Click here to enter text. | | | |

⇨ **Billing Information (choose one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| UPMC Hillman Cancer Center  (trials) | Name: Melissa Yarkowski | | Phone: 412-647-0330 | Email: [yarkowskim@upmc.edu](mailto:yarkowskim@upmc.edu) |
| Name: Mary Jo Derr | | Phone: 412-684-7715 | Email: [derrma@upmc.edu](mailto:derrma@upmc.edu) |
| Address: | 5150 Centre Avenue | | |
|  | UPMC Cancer Pavilion 4th Floor | | |
|  | Pittsburgh PA 15232 | | |
| Additional comments: Click here to enter text. | | | |
| **Other**  *please complete information* | Name: click to enter name | | Phone: enter phone # | Email: enter email address |
| Address: | address line 1 | | |
|  | address line 2 | | |
|  | address line 3 | | |
| Additional comments: Click here to enter text. | | | |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**PBC USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Technician Info / Pathologist Review** | | |
| Technician Full Name: | | Date completed: |
| Name of Pathologist: | | |
| Date given to pathologist: | Date reviewed by pathologist: | |
| Representative FFPE chosen for sectioning, sub letters: | | |
| Exception for release of FFPE block, block #: | | |
| Split blocks/split and re-embed as marked, block #: | | |
| Other material provided by the PBC: | | |
| Reason: | | |

|  |  |
| --- | --- |
| **Research Histology Material Delivered to Requestor** | |
| Project #: | Histologist Name: |
| Date Received: | Date Completed: |
| Block(s) created: | |
| Re-cut H&E (# of slides): | |
| Unstained (# of slides): @ thickness (µm): | |
| Scrolls (# of tubes): Scrolls/tube: @ thickness (µm): | |
| Cores (# of cores): | |
| Other preparation by: | |
| Other material provided by the PBC: | |

**Cancelled Trial Fee Applies**