\ \ / I _ : 4 _	1/011	Patient	

SPECIMEN COLLECTION FOR RESEARCH – SPECIAL HANDLING INSTRUCTIONS

VCHA Study # V	

ALL TISSUE SPECIMENS MUST BE SENT TO PATHOLOGY. TISSUE SPECIMENS MAY NOT BE PICKED UP FROM THE OPERATING ROOM

TISSUE SPECIMENS MAY <u>NOT</u> BE PICKED UP FROM THE OPERATING ROOM			
This section to be completed by Investigator or Investigat Operating Room:	or's designate BEFORE the research subject enters the		
Has this patient provided informed consent to participate in this	s research study? YES NO Investigator/Investigator's Designate's Initials		
Principal Investigator:			
Direct Phone #:	Email:		
Contact Person (Coordinator):			
Direct Phone #:	Email:		
Sponsor:			
Study completion date:			
Approvals: (Pathology must sign first)			
a) Pathology approval for study (Lab Director or Designate):			
Signature: Print Name:	Date:		
Print Name: Pathology agrees that this specimen is a "RUSH specimen" at			
b) OR approval given for study (OR Manager or Designate):	-		
Signature:	Date:		
Print Name:			
Specimen Preparation Instructions:			
Container:	_ Solution:		
Special containers/solution required:	YES □ NO □		
Location of the special containers/solution required for the stud	ty:		
How does this research protocol assure that the diagnostic inte	egrity of this specimen is maintained at all times?		
Specific directions on how specimen is to be collected: Examp	le - put on Telfa first or put directly into container.		
Other:			
	Date:		
Pagional Manager Clinical Trials Administration	Date		

Regional Manager, Clinical Trials Administration cc: Patient Chart, VCHRI File, Pathology, Operating Room

Final Approval Given

Version Date: 05Apr2011