|  |  |  |  |
| --- | --- | --- | --- |
| **VCHRI#** | PI: | | White VCH Patient Label |
| Title of Study: | | |
| 1O contact: | | ph# | pg/email |
| 2O contact: | | ph# | pg/email |
| ***This section to be completed by Investigator or designate BEFORE the research subject enters the Operating Room:***  Has this patient provided informed consent to participate in this research study? YES  NO  \_\_\_\_\_\_\_  Investigator/Investigator’s Designate’s Initials | | | |

**ALL TISSUE SPECIMENS MUST BE SENT TO VGH PATHOLOGY (UBC OR via UBC Lab)**

**RESEARCHER MAY NOT PICK UP TISSUE SPECIMENS FROM THE OPERATING ROOM\***

*\*Special waivers may be granted at the discretion of Dept. of Pathology\**

|  |  |  |
| --- | --- | --- |
| **OR Specimen collection instructions:** *eg. place research tissue in special containers or solution*  Special containers/solution required: YES  NO  Location of special containers/solution:   |  |  | | --- | --- | | Containers: | Solution: |   **OR Specimen handling instruction:  RUSH handling maybe required, see details below**  VGH OR:  *eg. rush on ice, standard delivery etc*  UBC OR: |

|  |
| --- |
| UBC Lab instruction: |

|  |
| --- |
| VGH Pathology instruction: |

|  |
| --- |
| **How does this research protocol assure that the diagnostic integrity of this specimen is maintained at all times?** |

**Pathology, UBC Lab and OR please sign after reviewing page 1-2.**

|  |
| --- |
| **Form applicable to VGH Pathology?** Yes or No, if Yes, Pathology must sign first  a) Pathology (Div.Head or Designate) Signature: Date:  Print name: |
| **Form applicable to UBC Lab?** Yes or No, if Yes, UBC lab must sign  b) UBC Lab (Site Supervisor or Designate) Signature: Date:  Print name: |
| **Form applicable to Operating Room?** Yes or No, if Yes, OR must sign  c) VGH OR (Manager or Designate) Signature: Date:  Print Name:  d) UBC OR (Manager or Designate) Signature: Date:  Print name: |

Date:

Director, Clinical Trials Administration Final Approval Given

cc: Patient Chart, VCHRI File, Pathology, Operating Room

**Page 2 for internal records only**