Study Title:

PI:

IRB/REB/OCREB ID:

The Laboratory Medicine Program requires the indication of specific use for all diagnostic tissue and/or its derivatives requests for research as part of its review.

For the amount of diagnostic tissue indicated in your request please indicate the specific use(s) of the tissue. Examples of specific use include BRAF V600e mutation testing, Central Pathology Review, ALK status, etc.

For each of the specific use(s) identified, please provide the information for (a) through (f) in the space provided:

Specific Use #1:

    a) Method/Technique to be used:

    b) Amount of tissue being requested per case: (e.g. X unstained sections on positively charged slides):

    c) Where the testing will be performed:

    d) Protocol page number describing the above testing:

    e) Any special processing required:

    f) Any additional comments:

Specific Use #2:

    a) Method/Technique to be used:

    b) Amount of tissue being requested per case: (e.g. X unstained sections on positively charged slides):

    c) Where the testing will be performed:

    d) Protocol page number describing the above testing:

    e) Any special processing required:

    f) Any additional comments:

Specific Use #3:

    a) Method/Technique to be used:

    b) Amount of tissue being requested per case: (e.g. X unstained sections on positively charged slides):

    c) Where the testing will be performed:

    d) Protocol page number describing the above testing:

    e) Any special processing required:

    f) Any additional comments:

Specific Use #4:

    a) Method/Technique to be used:

    b) Amount of tissue being requested per case: (e.g. X unstained sections on positively charged slides):

    c) Where the testing will be performed:

    d) Protocol page number describing the above testing:

    e) Any special processing required:

    f) Any additional comments:

Specific Use #5:

    a) Method/Technique to be used:

    b) Amount of tissue being requested per case: (e.g. X unstained sections on positively charged slides):

    c) Where the testing will be performed:

    d) Protocol page number describing the above testing:

    e) Any special processing required:

    f) Any additional comments: