Laboratory of Pathology Center for Cancer Research National Cancer Institute National Institutes of Health

### **Clinical Services**

# Request for Human Biological Materials for Research Purposes

2002

7/1/02 Page 1 of 28

### Request for Human Biological Materials for Research Purposes ACKNOWLEDGEMENTS

This procedure was created under the direction of the Tissue Resource Committee (TRC). The National Cancer Institute, Center for Cancer Research, Laboratory of Pathology (LP) acknowledges the hard work and dedication of this multi-institute team, which helped develop this procedure. Members of the committee include:

Tissue Resource Committee Chair Elise Kohn, MD, NCI

Tissue Resource Committee Members Diane Arthur, MD, NCI Richard Chang, MD, CC Maureen George, RN, CC Sam Hwang, MD, PhD, NCI Kim Jarema, RHIA, CC Stephen Katz, MD, PhD, NCI & NIAMS David Kleiner, MD, PhD, NCI Steven Libutti, MD, NCI Marston Linehan, MD, PhD, NCI Lance Liotta, MD, PhD, NCI Marie Merino, MD, NCI Kevin L. Nellis, MS, MT(ASCP), NCI Lynnette Nieman, MD, NICHD Edward Oldfield, MD, NINDS Mark Raffeld, MD, NCI Miranda Raggio, RN, NCI Steven A. Rosenberg, MD, PhD, NCI Alan Sandler, DDS, OD Mark Sobel, MD, PhD, NCI Maryalice Stetler-Stevenson, MD, PhD, NCI Alex Vortmeyer, MD, NINDS

LP also recognizes the efforts and input of the following people:

Aaron Auerbach, MD, NCI
Howard Chin, MRD, CC
Bradley Clark, MD, NCI
Susan Gantz, NCI
Peter Bryant-Greenwood, MD, NCI
Patricia Kvochak, OD
Fredrick Leach, MD, NCI
Sue Martin, RN, CC
Stefania Pittaluga, MD, NCI
Jeffrey Schrager, MD, NCI
Janet Smith, OD
Alison Wichman, OD
Angela Wright, NCI

7/1/02 Page 2 of 28

## Request for Human Biological Materials for Research Purposes PURPOSE AND GUIDELINES

This procedure is written under the direction of the Tissue Research Committee (TRC). In June 2000, the Medical Executive Committee constituted a Tissue Resource Committee to formulate guidance regarding the procurement and use of human tissues for research. The committee was charged to address issues of human subjects protections, implementation of tissue acquisition, transfer and documentation in the Clinical Center (CC), and implementation of tissue transfer to non-NIH investigators. Additionally, the committee sought to delineate the differences in handling tissue specimens obtained for clinical care as opposed to research, and to protect investigators' access to tissues collected under protocols, while providing access of others to the archival CC specimen collection (the Archive) curated by LP.

The Committee's broad recommendations are intended to provide human subjects protection, provide a method of documentation, balance the clinical needs of the patient and the protection of the research interests of the investigator, provide a mechanism for LP to facilitate acquisition of human tissues from the Archive, and educate the NIH community. See appendix for guidance document for additional information.

It is not the purpose of the TRC to review the scientific merit or ethics of any proposal. Proposals must have proper Institutional Review Board (IRB) approval or Office of Human Subjects Research (OHSR) exemption. IRB approval is necessary if the request requires samples linked to patient identification. It is the responsibility of the requestor to obtain the appropriate approval before requesting resources through LP. Neither IRB approval or OHSR exemption is required for materials from deceased patients.

LP is responsible and accountable by law for the use and protection of patient materials that are in its archive. By law, LP is accountable for patient materials and proof of diagnosis, (e.g., slides, blocks). If the requested material is in danger of being exhausted, the Pathologist and original Principal Investigator (PI) in charge must be consulted to determine if the request can be fulfilled.

Specimens prospectively collected for particular protocols are protected from non-protocol specific research. General policies are listed below to provide general guidance.

- 1. All specimens that are collected for protocol purposes but for which limited material is available will be unavailable for any research (linked or unlinked) without the consent/collaboration of the PI. Limited material is defined as a single block specimen (includes cytologies and surgicals). Such specimens will be flagged in the SoftPath™ Laboratory Information System (LIS) along with the protocol number.
- 2. Limited medical specimens collected as part of medical care of the patient, but not part of the protocol (e.g. stomach biopsy on a hepatitis patient), will be available for research with the proper ethical approval.
- 3. Non-limited specimens collected for a protocol will be available for research without the consent or collaboration with the principal investigator with the proviso that at least one representative block is set aside and preserved for diagnostic purposes.

7/1/02 Page 3 of 28

- 4. More restrictive use could be flagged on larger (less limited) cases on a protocol-by-protocol basis if the principal investigator notifies LP or notates this on each specimen requisition.
- 5. Restrictions on uses of limited specimens would be lifted 5 years after the protocol has closed, unless otherwise requested by the PI.
- 6. Investigators placing MIS orders for our services will have to answer a yes/no question about whether the specimen they are collecting is required or specified by the ordering protocol. (All MIS orders that non-pathology personnel place already have to be linked to a protocol number). This information will come over to the LIS via the computer interface between the MIS and LIS. If the specimen is being collected for the protocol, the tech who accessions the case will retype the protocol number in the "F.case#" field on the Specimen Registration screen, which is a searchable alphanumeric field. There are multiple benefits to collecting this information. First, it should reassure investigators worried about their protocol biopsies. Second, it will permit us to easily track these specimens and link specimens to PIs. We will also be able to extract information about which protocols require the most technical work. Right now, this only affects in-house specimens; however, placing this question and a place for protocol number on the paper request forms for submitted cases are under consideration.
- 7. Also under evaluation is the recommendation that aggressive, anonymized, tissue collection be implemented on all large specimens and autopsies with the idea of collecting both frozen and fixed tissue. Fixed tissue collection could take place after all routine blocks have been prepared. Some further thought needs to be given to how fresh frozen tissues should be collected, but on very large specimens selection of tissues to be frozen should not be controversial. A system for anonymizing specimens in the LIS has already been implemented. Only the patient age, sex, and diagnosis will be recorded for each tissue.

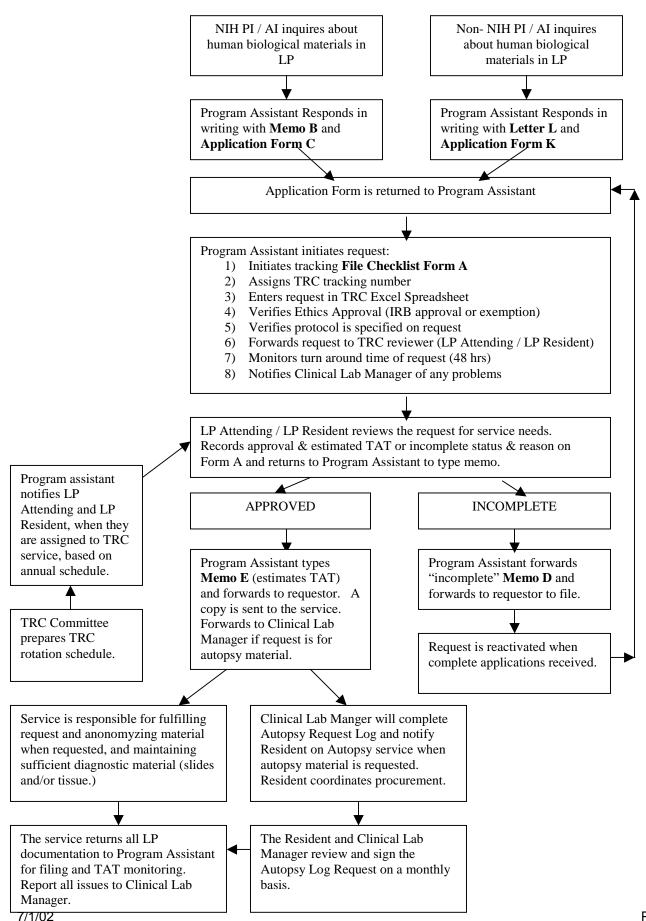
The TRC may question the technical approach of any request and may contact the requestor for additional information to justify or modify the request.

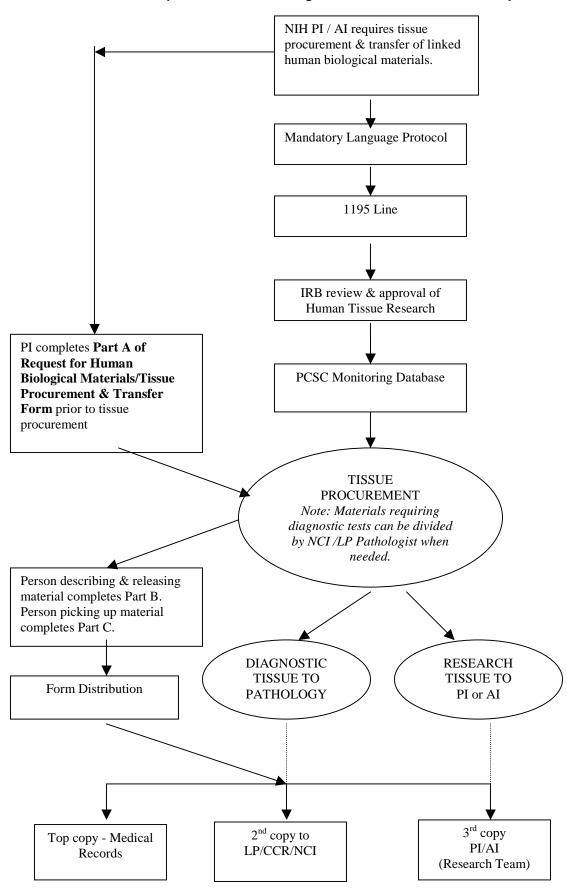
All non-protocol use of patient tissues must be submitted to the TRC for approval. Use of tissues for controls in diagnostics tests is exempted (e.g., block used as a control for an immunoperoxidase stain). Tests performed for diagnosis ( tests performed in a CLIA or CAP approved laboratory) are exempted from this process.

The requestor must specify whether or not the request is linked (identifiable) or anonymized (unlinked, with no patient identifiers and therefore cannot be correlated with patient's clinical course or clinical outcomes, etc). All studies using tissues from living patients must be either IRB approved or OSHR exempted. The investigator doing the study cannot perform the unlinking. A technologist within LP will be responsible for unlinking all tissues for anonymized studies. Any study that uses patient information other than age, sex and diagnosis (i.e. clinical outcome) must be IRB approved. Age, sex and diagnosis (i.e. clinical outcome) may be provided for OHSR exempted requests. An OHSR is not required for Autopsy material. For release of material from non-living patients, the requester must attach certification that the patient has expired. All studies need to be approved by the TRC.

7/1/02 Page 4 of 28

## Request for Human Biological Materials for Research Purposes Tissue Resource Committee Flow Chart





TISSUE PROCUREMENT AND TRANSFER FLOW CHART

7/1/02 Page 6 of 28

# Request for Human Biological Materials for Research Purposes Flow Chart for Request for Human Biological Materials Tissue Procurement & Transfer Form

(Parts A & B)

Tissue Need

Tissue Need

Schedule Procedure → Notify Research Team

Complete Part A.
Send form with medical record with patient to procedure.

Procuring physician/team: Verify completeness of Part A of the Form
Note: May be more than one tissue or pass.
(e.g., one for pathology and one for investigator)

Procedure

Person describing and releasing material/tissue completes Part B.
Note: Pathologist can divide materials requiring diagnostic tests, when needed.

**J** 

Copies of form should be distributed at time of tissue transfer:

Top copy: Medical Records

Person picking up material completes Part C.

2<sup>nd</sup> Copy: Laboratory of Pathology (LP)/CCR/NCI

3<sup>rd</sup> Copy: Research Team

7/1/02 Page 7 of 28

## Request for Human Biological Materials for Research Purposes PROCEDURE (REQUEST FLOW)

#### A. Request for archived human biological material

- 1. Any new questions regarding how to complete a TRC request should be directed to program assistant assigned to the TRC. The program assistant will respond in writing with a cover letter (TRC B, or TRC L for non-NIH requests) and a Request for Human Biological Materials application form (TRC C, or TRC K for non-NIH requests).
- 2. The requestor must complete TRC C/K and return.
- 3. The LP program assistant assigned to the TRC will log the request into the TRC Excel file, and assign the TRC number on the applications. A file is created and a checklist (TRC A) is placed in the file. A resident or fellow will work with an attending according to the monthly TRC schedule to review the request. The LP Program Assistant delivers the application to the assigned TRC member covering for that month, within 24 hours of receipt.
- 4. The TRC member reviews the application and takes action within 48 hours of receipt based on the following categories:

#### a. Incomplete application -

- The TRC signs the "INCOMPLETE" SIGNATURE line and specifies why the application is incomplete or cannot be fulfilled (e.g., specific technical reason, inadequate information, etc), by checking the reason(s) the application is incomplete and returns to the program assistant.
- The program assistant notifies the requestor in writing or email using "TRC D" as a template, records the date of the FAX or e-mail on file checklist (Form A) and in the Excel file.
- The request will remain on file until additional information is received.

#### b. **Complete application –**

- The TRC signs the "APPROVED" SIGNATURE line and estimate the turn around time for completion.
- The program assistant notifies the requestor in writing or e-mail using the acceptance letter and letter to the section chief using "TRC E" and "TRC F" as templates, and records the date of the FAX or e-mail on file checklist (Form A) and in the Excel file.
- The request will remain on file in LP.
- 5. The section chief is then responsible for fulfilling the request assigning the request to a technologist to complete. When possible, recuts will be performed in-house. All recuts that are sent to a reference lab will be charged to the requesting Pl's CAN#. NCI Pls are not charged for work. If the material is in danger of being exhausted, the Pathologist and original Pl for the material must be consulted to determine if the request can be fulfilled.
  - a. If anonymized (unlinked) material is requested, a technologist or archivist will unlink the source. For example, if anonymized recuts are sent to a reference lab for cutting, a random number will be

7/1/02 Page 8 of 28

- assigned to the block before the blocks are sent out. Slides will be labeled with the random number. The label will be removed from the block before it is returned to the file.
- b. The technologist or archivist will order "research recuts" in the Laboratory Information System (LIS) indicating the amount of slides given for research.
- c. Records of the source will not be documented in a way that the material can be linked to the patient. Any interim documentation created in organizing the request will be destroyed at the time of releasing the material or shortly thereafter.

#### B. Request to obtain human biological material at the time of autopsy

- 1 Follow steps 1-5 in Section A, above.
- The section chief reviews the request and forwards to the Clinical Lab Manager to record on the Autopsy Request Log (TRC G). The Clinical Lab Manager will also notify the resident on the autopsy service.
- The resident will coordinate autopsy tissue procurement. Proper authorization for autopsy consent must be obtained for all cases. Tissue will not be procured on autopsy cases that occur after hours, weekend, or holidays unless special arrangements are made to pickup the specimen. The resident on the current month of service notifies the resident on next month of service of any pending requests. The log is reviewed and signed by both the resident and the manager on a monthly basis.
- C. Tissue procurement and transfer of human biological material at time of collection (e.g., surgical procedure, skin biopsy, lymph node biopsy, fine needle aspirate, etc) for research use only and/or diagnostic purposes.

  Note: Separate standard operating procedures are necessary for the operating room and other venues.
  - 1. Documentation that tissue can be removed for research purposes must be in place prior to tissue removal, acquisition, and transfer. The Medical Record's Form "Request for Human Biological Materials Tissue Procurement & Transfer Form" must be submitted to the Operating Room, Pathology, or appropriate acquisition and disposition group. Materials cannot be collected with out the completed form. The completed form is placed in the permanent Medical Record
  - 2. General instructions are as follows:

Note: This form is used when tissue is obtained for research. Do not use this form if materials are only obtained for pathology lab (NCI/CCR/LP) for clinical diagnostic purposes.

#### PART A: REQUEST & CERTIFICATION BY PRINCIPAL INVESTIGATOR

All information in part A must be completed by the Principal/Associate Investigator prior to procurement of biological materials (tissues, fluids, etc) for research purposes.

- Complete the patient identification information (Last name, First name, Middle initial, NIH Medical Record #) located in the lower left hand corner of the form.
- Print the name of the principal investigator requiring tissue procurement and transfer of linked human biological materials for research purposes.
- Complete the information principal investigator or associate investigator
  - o Institute/Branch of the PI

7/1/02 Page 9 of 28

- Building/room number
- Phone and pager of the PI
- Indicate date of request
- Indicate whether the material is for
  - Research use only (will not receive pathology review)
  - Diagnostic purposes and research purposes (Laboratory of Pathology can be involved in the division of the material, when needed)
- Provide the IRB Protocol # for this request.
- Provide the name of the physician performing the procedure (person responsible for collecting the material (e.g., surgeon's name)
- List the research material and the recipient of the material designated in the IRB approved protocol.
- Obtain the signature of the Principal Investigator/Associate Investigator and date to certify the request.

#### PART B: DESCRIPTION OF TRANSFER

#### Part B is to be completed by the person describing and releasing the material.

- Describe tissue source (specify number of pieces, organ, left vs. right, anterior vs. posterior, etc where appropriate):
- Example: Pelvic lymph node, left
- Describe Measurements, quantity, and description of material/tissue procured.
- Example: Single pass aspirate.
- Record name of person describing and releasing material after procurement (e.g., pathologist, surgeon, nurse).
- The person describing and releasing the material must sign and date at the bottom of section B on the form.

#### PART C: DESCRIPTION OF TRANSFER

#### Part C is to be completed by the person picking up the research material.

- The person picking up the material must sign and date the form.
- 3. Materials removed for research are not available for diagnosis.
- 4. The appropriate physician or surgeon must document in the Medical Record the nature and description of the material removed, purpose of removal, destination of tissue (name of institute laboratory, including building and room number).
- 5. If fresh material requires division between samples for research and diagnosis, LP will do this so that adequate tissue for clinical diagnosis is ascertained. This division will be done by a staff pathologist or designate. Documentation of samples removed will be recorded on The Tissue Procurement & Transfer Form and in the gross description of the SoftPath™ LIS report.
- 6. Where research mandates frozen tissue, the research samples will be held as a frozen block in pathology pending clearance of the diagnosis in case further material is required for diagnosis.
- 7. The distribution of the material is documented by the staff pathologist or designate in the LIS Path report.
- 8. The distribution of the form is as follows:
  - a. Original (white): Medical Records
  - b. Yellow copy: NCI/LP

7/1/02 Page 10 of 28

c. Pink copy: Designated Principle Investigator or Associate Investigator specified on the form.

#### D. Request from extramural (outside NIH) organization.

- 1. If LP receives a request from outside the NIH the program assistant responds with letter L and the Extramural Request for Human Biological Materials For Research Purposes (Medical Record Form # NIH-2803-2, appendix K).

  Note: Anonymized tissue will not be released because it is not within our mission to function as a tissue bank.
- 2. The requestor must provide billing information on the request form so that the reference lab may bill for the service. Shipping will be billed to the requestor's account specified on the request.
- 3. The program assistant records the date the completed form is received and forwards it to the TRC reviewer.
- 4. To obtain linked material, the PI must have an IRB approved protocol and consent for this acquisition. The TRC reviewer must verify the form is complete. The patient (or guardian) signature is required. Because of the Privacy Act, no personally identified (linked) samples (materials) can be shared even if the outside IRB has waived consent. The Privacy Act does not apply if the patient is deceased. The extramural principal investigator must certify this request.
- Materials cannot be released unless sufficient diagnostic material is available for NIH archives.
- 6. In accordance with the CC Medical Administrative Policy M01-2 (<a href="http://push.cc.nih.gov/policies/PDF/M01-2.pdf">http://push.cc.nih.gov/policies/PDF/M01-2.pdf</a>), these requests require approval by the PI of the protocol under which the tissue was collected or the institute Clinical Director.
- 7. The TRC reviewer reviews the request and records the outcome (e.g., recuts will be sent on XX/XX/XX, denied/incomplete form, etc) and signs the form. The Clinical Laboratory Manager and archivist will coordinate release of patient material.
- 8. The program assistant will make a copy of the completed form for the TRC files and the original will be forwarded to the patient's medical record at NIH, after the request has been fulfilled. LP is obligated by law to forward all requests (even if incomplete) to the Medical Record. A follow-up letter will be return to the extramural principle investigator at the time of release of materials or denial of request.

7/1/02 Page 11 of 28

Clinical Center. Policy and Communications Bulletin. Medical Administrative Series. M01-2. SUBJECT: Procurement and Use of Human Biological Materials for Research. November 2, 2001.

Clinical Center. Policy and Communications Bulletin. Medical Administrative Series. M77-2 (rev.). SUBJECT: Informed Consent. May 30, 2001

Clinical Center. POLICY: Guidelines for Blood Drawn for Research Purposes in the Clinical Center. October 1, 1995.

Code of Federal Regulations. Title 42, --Public Health, Chapter IV –Health Care Financing Administration, Department of Health and Human Services, Part 493—Laboratory Requirements, Revised, October 1, 2000.

Code of Federal Regulations. Title 45, Public Welfare; Department of Health and Human Services National Institutes of Health Office for Protection from Research Risks; Part 46, Protection of Human Subjects. Revised, June 18, 1991. Effective August 19, 1991.

Code of Federal Regulations. Title 45, Standards for Privacy of Individually Identifiable Health Information; Final Rule Parts 160 and 164. (Implementation of Health Insurance Portability and Accountability Act of 1996) Final Rule, December 28, 2000. Effective April 14, 2001.

H.R. 3569. Human research protection and promotion act of 2000 (Introduced in the House, February 2, 2000 & referred to the Subcommittee on Health and Environment, February 7, 2000)

NCI. Confidentiality, data security, and cancer research: perspectives form the national cancer institute. March 23, 1999.

NCI. Uses of Human Tissues. August 28, 1996.

The National Commission for the Protection of Human Subjects. The Belmont Report; Office of the Secretary; Ethical Principles and Guidelines for the Protection of Human Subjects Research. April 18, 1979.

The Warren Grant Magnuson, Clinical Center. The Medical Record Handbook. October, 2000.

Tissue Resource Committee, Ongoing.

7/1/02 Page 12 of 28

**FORMS** 

**AND** 

**SAMPLE MEMOS** 

7/1/02 Page 13 of 28

## Request for Human Biological Materials for Research Purposes FILE CHECKLIST

(THIS SECTION IS COMPLETED BY THE PROGRAM ASSISTANT)  Request # Date received:/ Date sent to Resident Fellow/	
TRC Review members Resident/Fellow Attending	
(THIS SECTION IS COMPLETED BY RESIDENT/FELLOW)  1. Appropriate Ethics Approval (IRB approval or exemption) Yes No	
2. Required as part of ongoing clinical protocol (#)Yes No	
3. Resource availability (Forwarded to Section or Unit Chief)	
Autopsy (David Kleiner, MD, PhD, Chief, Post Mortem Services)	
Cytology (Andrea Abati, MD, Chief, Cytology )	
Cytogenetics (Diane Arthur, MD, Chief, Clinical Cytogenetics)	
Hematopathology (Elaine Jaffe, Chief, Hematopathology)	
Histopathology (David Kleiner, MD, PhD, Director, Clinical Operations) (REQUESTS FOR RECUTS)	
Immunohistochemistry (Mark Raffeld, MD, Chief, Immunohistochemistry Unit)	
Flow cytometry (Maryalice Stetler-Stevenson, MD. PhD, Chief Flow Cytometry Section)	
Molecular Diagnostics (Mark Raffeld, MD, Chief, Molecular Diagnostics Unit)	
Surgical pathology (Maria Merino, MD, Chief, Surgical Pathology)  (Note: Request for recuts only should go to Histopathology)	
(THIS SECTION IS COMPLETED BY THE RESIDENT/FELLOW & ATTENDING)	
4. INCOMPLETE  Program (will be typed in letter)	
Reason (will be typed in letter) IRB Protocol#	
OHSR Exemption	
CAN number	
Intended Use and Methodology	
Patient list (include NIH patient number)	
Must indicate if request is linked (identifiable) or anonymized	
Other: Specify: by TRC//	
(Resident/Fellow) (Attending)	
5. APPROVED	
Estimate of TAT for completion days (to be included in letter) Other information to include (will be typed in letter):	
by TRC	
6. LETTER FAXED OR E-MAIL SENT/ BY	
(COMPLETED BY PRORAM ASSISTANT) (Place document in file) TRC-A	

7/1/02 Page 14 of 28



#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Public Health Service** 

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

#### **MEMORANDUM**

To:	
From:	Laboratory of Pathology
Date:	
Subject:	Laboratory of Pathology Research Development and Support Request

Thank you for your inquiry into Laboratory of Pathology Support Services. Please fill out the attached request form. Your proposed experiment must be covered either by an existing IRB-approved protocol or exemption from the requirement for IRB review. You can contact the Office of Human Subjects Research for the exemption form. Refer to web site: <a href="http://ohsr.od.nih.gov/">http://ohsr.od.nih.gov/</a>

Where necessary include information on IRB approval or exemption, protocol requirements, and patient name, CC number, pathology number, and block number if known. Support requests should be submitted to Mrs. Susan Gantz, Bldg 10, Room 2N212. Requests will be reviewed by the LP Tissue Resource Committee and forwarded to the Laboratory of Pathology Service Chief as quickly as possible.

All requests for recuts of paraffin blocks without pathologic review will receive expedited review. Materials cannot be released unless sufficient diagnostic material is available for NIH archives. For those requests where adequate material is remaining, upon receipt of a completed form, the NCI Laboratory of Pathology, Histology section will oversee the preparation of the material. If a request cannot be accommodated based on the workload, it will be sent out to a reference laboratory chosen by NCI/LP at the requestor's expense. Current costs run from \$2.95 per untreated, unstained slide to \$3.35 per gelatin, lysine, or silanated slides and \$7.35 per hematoxylin and eosin stained slides. Please include your CAN number to cover the cost of such request.

TRC-B

7/1/02 Page 15 of 28



**DEPARTMENT OF HEALTH & HUMAN SERVICES** 

Public Health Service

National Institutes of Health Bethesda, Maryland 20892

http://www.nih.gov

## TISSUE RESOURCE COMMITTEE NCI LABORATORY OF PATHOLOGY

#### INTRAMURAL REQUEST FOR HUMAN BIOLOGICAL MATERIALS FOR RESEARCH PURPOSES

Principal Investigate	ır (nlegçe nrint name legihly	w)•	
Institute:	Branch:	y)• Buildiı	ng: Room:
Phone:	Page:	Fax:	
E-mail:			
Alternate Phone:	formation: Page: _	Fax:	
E-mail:			
CAN number:			
		OF RESOURCE NEEDS	
Type (must check on	e option): Linked (i		nymized
Tissue source reques	ted:	<u></u>	,
Normal ti	ssue		
	tissue. Indicate key diagnos	stic terminology for database	e search.
Service: Autopsy	Cytogene	etics Cyto	opathology Flow cytometr
Hematop	athology Immunol	histochemistry Lase	opathology Flow cytometrer capture microdissection
Molecula	r diagnostics Surgical	Pathology Other	er (specify):
Recuts: Recuts o	nly (attach list with patient na	ame, NIH patient number, pa	er (specify):ath number, block if known)
Recuts w	ith pathology review (attach	list with patient name, NIH	patient number, path number, block)
			tology Other/specify:
Circle recut slide typ	Regular/untr	reated Gelatin Poly-L-Lys	ine Silanated Other/specify:
# of slide red	onte.	1 1 10 1	
	uis.	check if recuts shou	lld be made using Rnase precaution
Other:	.uts	check if recuts shou	ald be made using Rnase precaution
NOTE: Materials ca	nnot be released unless suffic	cient diagnostic material is OLOGY (Attach additiona	available for NIH archives. al pages if necessary)
Other: NOTE: Materials ca INT ase include a list of a	nnot be released unless sufficence.  ENDED USE & METHODerry special requirements or o	icient diagnostic material is OLOGY (Attach additional exclusions, and include and	available for NIH archives.  al pages if necessary) d expiration date of request if appli
Other:	nnot be released unless sufficence of the sum of the su	icient diagnostic material is OLOGY (Attach additional exclusions, and include and or IRB APPROVAL NUM	al pages if necessary) d expiration date of request if application date of request in applica
NOTE: Materials ca  INT ase include a list of a	nnot be released unless sufficence of the sum of the su	icient diagnostic material is OLOGY (Attach additional exclusions, and include and or IRB APPROVAL NUM	available for NIH archives.  al pages if necessary) d expiration date of request if appli
NOTE: Materials ca  INT ase include a list of a	ennot be released unless suffice ENDED USE & METHOD my special requirements or construction of the EXEMPTION FORM emption Form or proving the emption of the EXEMPTION or proving the EXEMPTION or p	OLOGY (Attach additional exclusions, and include and or IRB APPROVAL NUMI ide IRB Protocol #:	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED
Other: NOTE: Materials ca  INT ase include a list of a	ENDED USE & METHOD  The special requirements or one of the second	or IRB APPROVAL NUM	available for NIH archives.  al pages if necessary) d expiration date of request if appli  BER MUST BE PROVIDED  STIGATOR
INT ase include a list of a  OS  Attach OHSR Ex	ENDED USE & METHOD  my special requirements or of  SHR EXEMPTION FORM  emption Form or provi	OLOGY (Attach additional exclusions, and include and or IRB APPROVAL NUMIDE IRB Protocol #:	available for NIH archives.  al pages if necessary) d expiration date of request if appli  BER MUST BE PROVIDED  STIGATOR
INT ase include a list of a  OS  Attach OHSR Ex  The approval provide within the approved p	ENDED USE & METHOD  The special requirements or of the special	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent.	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED
INT ase include a list of a  OS  Attach OHSR Ex  The approval provide within the approved p	ENDED USE & METHOD  my special requirements or of  SHR EXEMPTION FORM  emption Form or provi	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent.	available for NIH archives.  al pages if necessary) d expiration date of request if appli  BER MUST BE PROVIDED  STIGATOR
OS  Attach OHSR Ex  The approval provide within the approved p Signature of Princip	ENDED USE & METHOD  The special requirements or of the special	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent.	available for NIH archives.  al pages if necessary) d expiration date of request if appli  BER MUST BE PROVIDED  STIGATOR
Other: NOTE: Materials ca  INT ase include a list of an other  OS Attach OHSR Ex  The approval provide within the approved p Signature of Princip X	ENDED USE & METHODE by special requirements or of the EXEMPTION FORM emption Form or provide CERTIFICATION Belicovers both the protocol and rotocol and consent or IRB was all investigator of the specific	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent. ied protocol or waiver:	available for NIH archives.  al pages if necessary) d expiration date of request if appli  BER MUST BE PROVIDED  STIGATOR  and the research proposed is specified
OS  Attach OHSR Ex  The approval provide within the approved p Signature of Princip X  ** INCOMPLETE	ENDED USE & METHOD  my special requirements or of  SHR EXEMPTION FORM  emption Form or provi  CERTIFICATION B  d covers both the protocol and rotocol and consent or IRB w  al Investigator of the specifi	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent. ied protocol or waiver:	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED  STIGATOR  and the research proposed is specified Date:  AL INVESTIGATOR ***
Other: NOTE: Materials ca  INT ase include a list of an other  OS Attach OHSR Ex  The approval provide within the approved p Signature of Princip X	ENDED USE & METHOD  The special requirements or one  SHR EXEMPTION FORM  Emption Form or provided to the specific contact:  EFORMS WILL BE RET contact:  Kevin Nellis, MT	or IRB APPROVAL NUM ide IRB Protocol #: dynamic protocol or waiver:  FURNED TO PRINCIPAL icient diagnostic material is colored and include and inc	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED  STIGATOR  and the research proposed is specified
INT ase include a list of a  OS Attach OHSR Ex  The approval provide within the approved p Signature of Princip X  ** INCOMPLETE For more information	ENDED USE & METHOD  The special requirements or one  SHR EXEMPTION FORM  The emption Form or provided to the specific contact:  EFORMS WILL BE RET  CONTROL (301) 594-9532 or 100 control	or IRB APPROVAL NUM ide IRB Protocol #: SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent. ied protocol or waiver:  FURNED TO PRINCIPAL CASCP), Clinical Lab Mana r NIH page 104-4613 or e-m	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED  STIGATOR  and the research proposed is specified  Date:  AL INVESTIGATOR ***  ger  aail: nellisk@mail.nih.gov
INT ase include a list of a  OS Attach OHSR Ex  The approval provide within the approved p Signature of Princip X  ** INCOMPLETE For more information	ENDED USE & METHOD  The special requirements or one  SHR EXEMPTION FORM  Emption Form or provided to the specific contact:  EFORMS WILL BE RET contact:  Kevin Nellis, MT	or IRB APPROVAL NUM ide IRB Protocol #:  SY PRINCIPAL INVE d patient-executed consent, a vaiver of consent. ied protocol or waiver:  FURNED TO PRINCIPAL (ASCP), Clinical Lab Mana r NIH page 104-4613 or e-m thology, Tissue Resource Co	available for NIH archives.  al pages if necessary) d expiration date of request if appli  MBER MUST BE PROVIDED  STIGATOR  and the research proposed is specified  Date:  AL INVESTIGATOR ***  ger  aail: nellisk@mail.nih.gov

TRC-C

7/1/02 Page 16 of 28



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

**Public Health Service** 

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

MEMORANI	DUM
То:	
From:	Laboratory of Pathology Tissue Resource Committee
Date:	
Re:	Proposal for

Thank you for your interest in using Laboratory of Pathology Research Development and Support Resources. Your proposal was reviewed and was found to be incomplete. Your proposed experiment must be covered either by an exiting IRB-approved protocol or an exemption from the requirement for IRB review for the use of human tissue. You can contact the Office of Human Subjects Research for the exemption form. Refer to web site: <a href="http://ohsr.od.nih.gov/">http://ohsr.od.nih.gov/</a>

Please submit the following information:

\_\_\_\_\_ IRB Protocol#

\_\_\_\_\_ OHSR Exemption

\_\_\_\_ CAN number

\_\_\_\_ Intended Use and Methodology

\_\_\_\_ Patient list (include NIH patient number)

Indicate if request is linked (identifiable) or anonymized

Completed requests should be submitted to Ms. Susan Gantz, Bldg 10, Room 2N212. Requests will be reviewed by the LP Tissue Resource Committee and forwarded to the Laboratory of Pathology Service Chief as quickly as possible.

All requests for recuts of paraffin blocks without pathologic review will receive expedited review. Materials cannot be released unless sufficient diagnostic material is available for NIH archives. For those requests where adequate material is remaining, upon receipt of a completed form, the NCI Laboratory of Pathology, Histology section will oversee the preparation of the material. If a request cannot be accommodated based on the workload, it will be sent out to a reference laboratory chosen by NCI/LP at the requestor's expense. Current costs run from \$2.95 per untreated, unstained slide to \$3.35 per gelatin, lysine, or silanated slides and \$7.35 per hematoxylin and eosin stained slides. Please include your CAN number to cover the cost of such request.

Your proposed experiment must be covered either by an existing IRB approved protocol or an exemption from the requirement for IRB review for the use of human tissue.

TRC-D

7/1/02 Page 17 of 28

#### APPROVAL SENT VIA E-Mail:

TO: All requestors listed on form and anyone mentioned on request form

CC: Chief of Service, Clinical Laboratory Manager, Archivist, TRC Reviewer Note: Print copy of e-mail for the TRC file folder.

SUBJECT: Approval for Request for Human Biological Materials <INSERT TRC #>

#### INTRODUCTORY TEXT:

Thank you for your interest in using Laboratory of Pathology to request for human biological materials.

#### FOR REQUESTS WITH IRB APPROVAL, USE THE FOLLOWING TEXT:

Your proposal was reviewed and was found to have appropriate human subjects' protection use of patient materials. It is understood that the IRB approval you have provided covers both the protocol and patient-executed consent and that the research you propose is specified within the approved protocol and consent.

#### FOR REQUESTS WITH OHSR EXEMPTION, USE THE FOLLOWING TEXT:

Your proposal was reviewed and was found to have appropriate human subjects' protection or exemption documentation for use of patient materials. It is understood that the activity is designated as "EXEMPT" from the OHSR and that the research you propose is specified within the Request for Review of Research Activity Involving Human Subjects.

## FOR REQUESTS OF MATERIALS FROM <u>AUTOPSY OR DECEASED</u> CASES, USE THE FOLLOWING TEXT:

Your proposal and research request was reviewed and the activity is designated as "EXEMPT" since the materials will be from deceased patients.

#### ADD STATEMENT FOR TURN AROUND TIME:

Based or	n current resource	, the estimated	turn around	time to	complete t	his request is	approximat	tely
da	ays.							

#### OR (FOR AUTOPSY OR DECEASED CASES), USE THE FOLLOWING TEXT:

The turn around time is dependent on availability of autopsy case.

#### ADD STATEMENT FOR WHO THEY MAY CONTACT FOR FOLLOW-UP. IF NEEDED:

Your request will be forwarded to David Kleiner, MD, PhD, Director of Clinical Operations. Please contact Dr. Kleiner for further arrangements (301-594-2942).

## OR FOR OTHER SERVICE: Your request will be forwarded to Dr. \_\_\_\_\_\_, chief of the Surgical Pathology. Please contact \_\_\_\_\_ for further arrangements (301-\_\_\_\_-).

TRC E

7/1/02 Page 18 of 28

## TISSUE RESOURCE COMMITTEE NCI LABORATORY OF PATHOLOGY REQUEST FOR HUMAN BIOLOGICAL MATERIALS

Autopsy Request Log

Date / by	TRC #	Type of tissue	Special requirements/ Exclusions  (e.g. size, collection within X hrs of expiration, other)	Contact Person  Phone /pager (required)	Notificatio n for pick- up List person contacted, date, & time	Picked up by	Is this an ongoing request? Yes/No  If yes, please enter new line for future request.	Comments / Corrective Actions

#### Notes:

- 1) Proper authorization for autopsy consent must be obtained for all cases.
- 2) Do not procure tissue on autopsy cases that occur after hours, weekends, or holidays unless special arrangements are made to pick up the specimen.

3) Resident on current month of service will notify resident on next month of service of any incomplete cases.

Monthly Autopsy R	Resident Review		Monthly Clinical I	Lab Manager Review	,
//	//	//	//	//	//
//	//	//	//	//	//
//	//	//	//	//	//
//	//	//	//	//	//
//	//	//	//	//	//
//	//	//	//	//	//
/ /	/ /	/ /	/ /	/ /	/ /

TRC-G

7/1/02 Page 19 of 28



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

#### **MEMORANDUM**

To:	Dr
From:	Laboratory of Pathology Tissue Resource Committee
Date:	
Re:	TRC schedule
request for request, I c	the month ofyou are the scheduled (attending/staff/resident/fellow) for the incoming TRC ms. I am sending you this package of information to help you understand the TRC process. Per your an e-mail you the sample memos. Please contact Kevin Nellis if you require additional information a 532 or nellisk@mail.nih.gov.
TRC Progr	am Assistant
10 Center l	of Pathology, Tissue Research Committee Drive, Room 10/2A33 Susan Gantz,

TRC-H

e-mail: (gantz@pop.nci.nih.gov)

7/1/02 Page 20 of 28

### TRC ROTATION 2001 ACADEMIC SCHEDULE

MONTH	RESIDENT/FELLOW	ATTENDING
July 2001	Dr. Berman	Dr. M. Stetler-Stevenson
August 2001	Dr. Feldman	Dr. Quezado
September 2001	Dr. Auerbach	Dr. Kleiner
October 2001	Dr. Rosenblatt	Dr. Hewitt
November 2001	Dr. Herrmann	Dr. Jaffe (1 <sup>st</sup> half) Dr. Duray (2 <sup>nd</sup> half)
December 2001	Dr. Bryant-Greenwood	Dr. Abati
January 2002	Dr. Cassarino (1 <sup>st</sup> half) Dr. Todd Barry (2 <sup>nd</sup> half)	Dr. Filie
February 2002	Dr. Schrager	Dr. Raffeld
March 2002	Dr. Taddesse-Heath	Dr. Pittaluga
April 2002	Dr. Zha	Dr. Kingma
May 2002	Dr. Clark	Dr. Tsokos
June 2002	Dr. Myrick	Dr. Merino

Please notify Kevin Nellis of any changes (trades) to the schedule.

7/1/02 Page 21 of 28



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

**Public Health Service** 

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

National Cancer Institute Laboratory of Pathology Building 10 / Room 2N218 Besthesda, Maryland 20892 (301) 594-9532

American HistoLabs, Inc 7605-F Airpark Road Gaithersburg, Maryland 20879 (301) 330-1200

July 19, 2000

Re: Orde	r #
----------	-----

Enclosed are \_\_\_ #\_\_blocks re-labeled as \_\_\_\_\_, and \_\_\_\_. From these blocks, please cut a total of \_\_\_\_\_sections on \_\_\_(type)\_\_\_ slides.

Please use RNase precautions when preparing the slides.

Please label all slides using the identifier on the white label placed on the back of the block.

Please return all material to:

DHHS/NIH/NCI/Lab of Pathology Histology Branch, Building 10, Room 2N218 or 2N212 Besthesda, Maryland 20892 Attn: Kevin Nellis (301) 594-9532

Respectfully,

Kevin Nellis, MT(ASCP) Clinical Laboratory Manager

TRC-I

7/1/02 Page 22 of 28

## INSERT REQUEST FOR HUMAN BIOLOGICAL MATERIALS TISSUE PROCUREMENT & TRANSFER FORM

7/1/02 Page 23 of 28

## INSERT EXTRAMURAL REQUEST FOR HUMAN BIOLOGICAL MATERIALS FOR RESEARCH PURPOSES

7/1/02 Page 24 of 28



#### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Public Health Service** 

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

DHHS/NIH/NCI/DCS/LP 9000 Rockville Pike Bethesda, Maryland 20892 Bldg 10 Rm 2N212, MSC 1516 Attn: Kevin Nellis / Susan Gantz

<INSERT DATE>

<INSERT NAME OF REQUESTOR>
<INSERT ADDRESS>

Subject: Request for human biological materials for research purposes

Dear Dr. <INSERT NAME OF REQUESTOR>:

Thank you for your inquiry about the National Cancer Institute Laboratory of Pathology (LP) Support Services. The NCI/LP Tissue Resource Committee (TRC) will evaluate requests as quickly as possible. All requests for paraffin block recuts without pathologic review will receive expedited review.

To obtain material, you must have an IRB approved protocol and consent for this acquisition. The patient's (or Guardian's) authorization for release of the sample is also required. The principal investigator must certify the research use of the requested human biological material will be in accordance with the IRB's determinations or that use has been determined to be exempt for IRB review and approval. This form will be added to the patient's medical record at NIH, even if the request is incomplete or denied.

It is the responsibility of the requestor to obtain the appropriate approval before requesting resources through NIH. LP is responsible and accountable by law for the use and protection of patient materials that are in its archive. By law, LP is accountable for patient materials and proof of diagnosis, (e.g., slides, blocks). If the requested material is in danger of being exhausted, the pathologist and the NIH PI under whose protocol the sample was originally collected must be consulted to determine if the request can be fulfilled. The TRC may question the technical approach of any request and may contact the requestor for additional information to justify or modify the request

Materials will not be released unless sufficient diagnostic material is available for NIH archives. For those requests where adequate material is remaining, upon receipt of a completed form, the NCI Laboratory of Pathology, Histology section will oversee the preparation of the material. It will be sent out to a reference laboratory chosen by NCI/LP at the requestor's expense. Current costs run from \$2.95 per untreated, unstained slide to \$3.35 per gelatin, lysine, or silanated slides and \$7.35 per hematoxylin and eosin stained slides. Please provide billing information on the request form so that the reference lab may bill you for the service. Shipping will be billed to your Fed Ex account on your request or you may specify alternate shipping arrangements.

Respectfully,

Tissue Resource Committee

Enclosure (1)

TRC-L

7/1/02 Page 25 of 28



#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health Bethesda, Maryland 20892 http://www.nih.gov

DHHS/NIH/NCI/DCS/LP 9000 Rockville Pike Bethesda, Maryland 20892 Bldg 10 Rm 2N212, MSC 1516 Attn: Kevin Nellis / Susan Gantz

July 1, 2002

<INSERT PI NAME>
<INSERT MAIL LOCATION>

Subject: Extramural Request for Human Biological Materials for Research Purposes

<INSERT PT NAME & MEDICAL RECORD #>

<INSERT CASE #>

Dear Dr. Rosenberg:

Dr. <INSERT REQUESTOR INFORMATION> has requested human biological materials on the above patient. In accordance with the CC Medical Administrative Policy M01-2 (<a href="http://push.cc.nih.gov/policies/PDF/M01-2.pdf">http://push.cc.nih.gov/policies/PDF/M01-2.pdf</a>), this request requires approval by the PI of the protocol under which the tissue was collected or the institute Clinical Director.

Please review the enclosed request and complete the "Approval by Intramural Principal Investigator/Clinical Director" section to indicate approval. Please return original package to Susan Gantz (Bldg 10 Rm 2N212, MSC 1516).

The medical record form will be added to the patient's medical record even if the request is incomplete or denied.

Respectfully,

NCI/LP Tissue Resource Committee

Enclosures

TRC-L

7/1/02 Page 26 of 28

## Request for Human Biological Materials for Research Purposes Checklist for release of limited material

TRC Reque	est #: Protocol #:	Block #:
TES NO	Does this block request have a TRC approve If No, notify Clinical Lab Manger.	ed request?
YES NO	Is there more than a single diagnostic block? If "Yes," verify that a remaining representative for diagnostic purposes, and release the requestion complete items #3- 5. If "NO" continue checklist.	e block is set aside and preserved
YES NO	Is the requested material is in danger of beir (e.g., limited tissue remaining in block, or ve If yes, consult with the Pathologist and origin Name of pathologist approving release Signature of Pathologist Name of PI approving release (ATTACHE MEMO OR E-MAIL CO	ry small section) nal Principal Investigator (PI): Date
YES NO	Is the specimen flagged in the SoftPath™ (LIS flag/_	
5. <b>YES</b> NO	If yes, release material for only the protocol been closed for 5 years, or contact the Pathologist (PI) to obtain approval:  Name of pathologist approving release  Signature of Pathologist  Name of PI approving release  (ATTACHE MEMO OR E-MAIL CO  Was specimen collected as part of medical of protocol (e.g. stomach biopsy on a hepatic	Diogist and original Principal  Date Date Date Date NFIRMATION)  care of the patient, but not part
	If no, retain block in archive. Notify, Clinical ments/Corrective actions:	
	block released? No / Yes	Date//

7/1/02 Page 27 of 28

## Request for Human Biological Materials for Research Purposes st for Patient Related Materials

Replaces: Request for Patient Related Materials		
Written by:		
	Date ://	
Kevin L. Nellis, M.T. (A.S.C.P.)		
Approved by:		
Approved by:		
	Date ://	
David E. Kleiner, M.D., Ph.D.		

Revised or Reviewed?	Date	Signature
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	
Revised		
Reviewed	//	

7/1/02 Page 28 of 28