

**MEMORANDUM**

To: Principal Investigator

From: David E. Kleiner, MD, PhD
Medical Director, Tissue Procurement/Processing Facility
NCI/CCR/Laboratory of Pathology

Joseph W. Chinquee, DHSc, MT(ASCP),DLM
Clinical Manager, Laboratory of Pathology

Subject: **Tissue Resource Committee (TRC) request for Human Biological Materials for Research**

Thank you for your inquiry into Laboratory of Pathology (LP) for Human Biological Materials. This TRC form is to request archived paraffin-embedded biomaterial from clinical cases, and for anonymized fresh frozen biomaterial waste tissues. Your proposed experiment must be covered either by an existing IRB-approved protocol or exemption from the requirement for IRB review.

Note: Do not use the attached form to request fresh tissues approved by an IRB protocol; rather, please use the NIH-2803 Medical Record form, which is available in the TPPF or electronically in the Clinical Research Information System (CRIS) as the Research Tissue Procurement Request form.

Biological material from autopsy cases or deceased patients do not require IRB review through the IRIS system. Submissions for determination of "Excluded from IRB review" (either for "exempt human subjects research" or "not human subjects research") must be made in iRIS: <https://irb.nih.gov/> (NIH Login required). Please provide a copy of the exemption that designates your activity "Excluded from IRB review" with the TRC request form.

Where necessary, include information on IRB approval or exemption, protocol requirements, and patient name, medical record number, pathology case number, and block number - if known. Requests should be submitted to Ms. Silke Williams, Bldg 10, Room 2S249, MSC 1500. Requests will be reviewed by the LP Tissue Resource Committee and forwarded to the Laboratory of Pathology clinical manager and clinical section head for review as quickly as possible. Requests are generally reviewed within 3 days after receipt. Approval notification or request for additional information will be made through e-mail. Turnaround time for processing the biomaterial usually takes between 5-15 working days (3 weeks) for simple requests; but, larger requests could take several weeks, up to two months to complete.

Materials cannot be released unless sufficient diagnostic material is available for NIH clinical archives. If adequate material is available, standard recuts will be prepared by the LP Histology section. Requests for recuts from non-NIH consultation (SS) cases can be processed through the TRC program if the Histology laboratory can accommodate based on workload. If a request cannot be accommodated based on the workload or complexity, it will be sent out to our designated reference laboratory at the requestor's expense. Current reference laboratory costs run from \$5.50 to \$9.30 per slide (subject to change). All requests must include a Common Accounting Number (CAN) to cover the cost of such request(s).

Requests for temporarily signing out stained diagnostic slides for whole-slide imaging must be indicated in the IRB-approved protocol, or have an OHSRP determination and approval from the protocol PI if the request is not linked to the protocol.

For additional information about:

- Applications are to be submitted to Dr. Joseph Chinquee (DHSc) at chinqueej@mail.nih.gov. Inquires about the TRC program or request requirements, please email Dr. Chinquee or phone at (301) 480-7177
- Inquiries about status of request after approval, contact Dr. Michael Newford (301) 480-8921 or email michael.newford@nih.gov. Please do not contact the laboratory staff about TRC requests.
- For Fresh Tissue collections via the Walter Reed MCC / NCI collaboration; contact Dr. David Kleiner (301) 480-8487 and specify this request on the TRC form under Description of Resource Needs.
- Use of NIH-2803 for IRB approved fresh tissue or questions about the WRMCC/NCI tissue collaboration, please contact Ms. Sarah Young (301) 480-7182



**NCI LABORATORY OF PATHOLOGY
INTRAMURAL REQUEST FOR HUMAN BIOLOGICAL MATERIALS FOR RESEARCH PURPOSES**

PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator (please print name legibly): _____
 Institute: _____ Branch: _____ Building: _____ Room: _____
 Phone: _____ Page: _____ Fax: _____
 E-mail: _____
 Alternate Contact Information: _____
 Alternate Phone: _____ Page: _____ Fax: _____
 E-mail: _____
 CAN number: _____

DESCRIPTION OF RESOURCE NEEDS

Type (must check)	Linked (identifiable)	Anonymized	Autopsy	Deceased
Tissue source requested: _____ Normal tissue Abnormal tissue. Indicate key diagnostic terminology for database search.				
Recuts: Recuts only (please attach list with patient name, NIH MRN number, path number, block #) Recuts with pathology review (attach list)				
Tissue Type (circle all that apply): Fresh Frozen Paraffin Autopsy Cytology _____ Is this request for Fresh Tissue collection via Walter Reed MCC / NCI collaboration Request to temporarily sign out diagnostic slides for whole slide imaging				
Check the recut slide type : Regular/untreated Charged Other/specify: # of slide recuts: _____ check if recuts should be made using Rnase precautions. Tubes must be provided.				
Other: _____				
<i>NOTE: Materials cannot be released unless sufficient diagnostic material is available for NIH archives. Tissues and slides from non-NIH consultation cases are not typically eligible for TRC requests.</i>				

INTENDED USE & METHODOLOGY (Attach additional pages if necessary)

Please include a list of any special requirements or exclusions, and include and expiration date of request if applicable.

OSHR EXEMPTION FORM or IRB APPROVAL NUMBER MUST BE PROVIDED

Attach OHSR Exemption Form or provide IRB Protocol #: _____
Note: An OSHR exemption is not required for Autopsy material. For release of material from non-living patients, please attach certification or proof that the patient has expired.

CERTIFICATION BY PRINCIPAL INVESTIGATOR

The approval provided covers both the protocol and patient-executed consent, and the research proposed is specified within the approved protocol and consent or IRB waiver of consent.

Signature of Principal Investigator of the specified protocol or waiver:

X _____

***** INCOMPLETE FORMS WILL BE RETURNED TO PRINCIPAL INVESTIGATOR *****

For more information contact: Joseph Chinquee, DHSc, MBA, MT(ASCP)DLM, Clinical Manager
 (301) 480-7177 or NIH page 102-10321 or e-mail: chinquej@mail.nih.gov
 Return form and attachments to: Laboratory of Pathology, Tissue Resource Committee
 10 Center Drive, Room 10/2S249, MSC 1151
 Attn: Dr. Michael Newford (michael.newford@nih.gov)

Laboratory of Pathology-Internal Use	Processing notes:
Reviewed by: _____ Date: _____	