

How to CSRC

- 1- Obtain blank copy of the CSRC form. You can email Jacob.harnish@Nm.org to obtain a copy.
- 2- Fill out the CSRC form (explanation on the next two pages).
- 3- In tandem with the CSRC form, please provide a brief ½-1 page summary of the study, a detailed description of the use of materials, and source/proof of funding.
- 4- The CSRC committee meets every 2 Thursdays at 1pm. After discussion of your application, you will receive an email from Jacob.harnish@Nm.org regarding the committees decision. If your application is not initially approved, you will receive reasoning why and then conversation regarding next steps/study modifications can be initiated.
- 5- If your application is approved and opened you will receive a CSRC #. An “opened study” is a study that received CSRC approval and also proof of IRB and research account is provided.
- 6- Once you obtain a CSRC #, you can email APSlideRequest@nm.org your request for materials (Archival only). They will in turn send you an excel form to fill out that will detail the materials you are looking to pull. AP slide request only deals with archival materials such as blocks and slides.
- 7- Fresh tissue collection will almost always go through the gross room first. Please coordinate with the Gross Room team how you plan to collect tissue. Jacob.Harnish@nm.org is the email address for the Gross Room coordinator.

How to CSRC

Northwestern Memorial Hospital – Pathology Department Clinical Specimen Release Request

		NMHbase	
Contact Information:			
Requester (Please Print):		Date:	
Phone:	Pager:	Email:	
Principal Investigator:		Associated Pathologist (If applicable):	
Purpose:			
Cooperative Group Clinical Trial Translational Research Other Research		Protocol #/Study Name: IRB#: _____ IRB exp date*: _____	
NMH Research Account#	Account Pending		
IF ORIGINAL SLIDES ARE RELEASED, ALL ORIGINAL MATERIAL MUST BE RETURNED TO NMH WITHIN THREE MONTHS.			

*Researcher is required to provide updated IRB approval letter to pathspec@nm.org.

Please Attach the Following:			
<ul style="list-style-type: none"> Project summary (½ page maximum) Detailed description of use of material (include a specific list of antibodies, molecular tests, cytogenetic studies, etc.) List of personnel approved to receive requested material 			
For Pathology Department Use Only			
Approved		Denied	
Signature:		Date:	
Approval Comments:			
Amount of material is dependent on amount available, at the pathologists' discretion. Only resection material. Needle core biopsies excluded.			
Services Performed by:			
NMH Pathology Department		NU Pathology Core Facility	

Please fill out this section entirely. The associated pathologists should be a pathologist of the same sub specialty tissue type this tissue is targeting. (GI, Breast, GYN, etc.) Please include email correspondence with Pathologist when sending form back.

The IRB and research account # don't need to be provided initially. The CSRC committee can review the application without this information, but before you can procure materials you must provide proof of IRB and research account. Please also indicate if this is a clinical trial, translational research, or other research.

Please provide this information as well, it helps facilitate the conversation

Material Requested:

Anatomic Site:

Tissue Type:

Paraffin tissue:

Unstained Slides: _____ cut @ _____ μ
Limit 10 for banking (# Slides)

Stained Slides: _____ H&E
(# Slides) Other: _____

Tube (Molecular Studies): _____ cut @ _____ μ
(# Sections)

Bone Marrow Aspirate _____ mL Tube Type: _____
_____ mL Tube Type: _____
_____ mL Tube Type: _____

Unstained Slides

_____ Peripheral Smears
_____ Aspirate Smears
_____ Touch Preps
_____ Core Biopsy
_____ Clot Biopsy

Stained Slides (Please specify stain):

_____ Peripheral Smears _____ Iron _____ WG _____ Other _____
_____ Aspirate Smears _____ Iron _____ WG _____ Other _____
_____ Touch Preps _____ Iron _____ WG _____ Other _____
_____ Core Biopsy _____ Iron _____ H&E _____ Other _____
_____ Clot Biopsy _____ Iron _____ H&E _____ Other _____

Serum

Plasma

Fresh Tissue

Anatomic Site:

Tissue Type:

Amount:

Special Handling:

Approved personnel for pick up (pagers):

Approved personnel to transport:

Other Material: (Please Describe)

Accrual Goal:

The material requested portion is the most important portion of the application. Please fill this portion out entirely.

If you are looking for archival material: We need to know how many slides your looking to pull and need to know if they are unstained or stained. If stained, please provide the stains.

If you're looking for fresh tissue, please explain how you plan for the fresh tissue to be collected as well as how much tissue you are looking to collect.

Bone marrow aspirate is self-explanatory. Please fill out your desired mL and tube type (EDTA, Heparin, etc.)

The total accrual goal is also important. If you are requesting large quantities (over 100 total accrual), then the CSRC committee historically will recommend you collect in waves (example: 25 at first, then come back for an amendment for the next 25 and so on and so forth). Reason why is because large requests are a huge burden for our front staff that won't be able to handle large requests.

Pathology Services Requested:

Retrieval from archives	Staining	Cutting	Other
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(Please describe):

NOTE: Patient care regulatory guidelines and Federal law (CAP, CLIA, NCI) mandate that material released for research purposes cannot compromise patient care. Therefore, paraffin blocks cannot be exhausted to fulfill requests for material. Release of the material is at the discretion of the Northwestern Memorial Hospital Pathology Department.

Requester Signature: _____
(Signature not required if form is submitted electronically)

Completed forms and questions may be submitted via email to pathspeg@nm.org