A. Requester Information [all sections must be completed]

Principal Investigator (Print): ____________________________ Date of Request: ___/___/_____

Department: ____________________________ Campus Address: ____________________________

Telephone: __________________ Email Address: ____________________________ HIC#____________________

Copy of approved HIC protocol must accompany this form

B. Sample Selection Criteria

Identify the sample type/codes/information/criteria for selecting samples or patients [there may be a lab processing charge].

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

C. Research on discarded/excess pathologic material to be performed on [check one of the following]:

___ de-identified laboratory samples, i.e. without unique patient or sample identifiers, or codes.

___ laboratory samples with unique patient or sample identifiers or codes, all of which will subsequently be
de-identified such that patients are not required to sign informed consent for research use of their samples or
information.

___ laboratory samples for which signed informed consent is required for patient samples and information to be used.

Return this signed form and the approved HIC protocol to the Laboratory Medicine Research Coordinator june.stevens@ynhh.org

I accept full responsibility for the appropriate handling, storage, and disposal of the samples and information provided to me as a
result of this data request. I attest that I will only release this information to other investigators approved on this HIC protocol, will
only use this information for the scope of the approved protocol, and neither I nor any other investigator will use this information,
alone or in combination with other information, to attempt to obtain information not approved by the terms of the research protocol

__________________________
Signature of Principal Investigator