

**METHODIST HEALTHCARE  
INSTITUTIONAL REVIEW BOARD**

***Rare or Genetic Specimen Research Procurement Application***

**Use this form to request sending specimens to an outside institution's research laboratory. Please print or type the answers.**

If additional space is needed, attach additional pages with headings that reference the section to which the attachment relates. Please note that follow-up information is required.

**Requesting Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **FAX# :** \_\_\_\_\_ **Pager #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**1. Subject from which the specimen is to be obtained:**

**Name** \_\_\_\_\_

**Surgical number:** \_\_\_\_\_

**SSN (if necessary)** \_\_\_\_\_

**Hospital/medical record number** \_\_\_\_\_

***Note: If specimens are from more than one patient, attach a list with names and surgical numbers.***

**Hospital (select one)**  **Le Bonheur**  **MH - South**  **MH - North**  
 **MH - University**  **MH - Germantown**

**2. Condition requiring specimen procurement:**

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**3. Specimen to be sent - describe in detail the type, amount and site from which the specimen is to be obtained:**

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**4. Institution to which specimen is to be sent:**

**Name of institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Contact individual at institution:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**5. IRB approving informed consent:**

Name of IRB & IRB's institution

Address:

Date study and consent approved:

Expiration date of consent:

**5. Explain why other laboratories are not available, indicated or appropriate in this case.**

**Enclose a copy of the consent/assent form to be used for this tissue procurement.**

**Initial each statement:**

I declare that no treatment (research or experimental) will be done in conjunction with this specimen procurement.

I declare that no part of the research is or will be conducted in an MH facility other than the specimen procurement.

I agree to send a copy of the signed consent and notification of shipment to the MHIRB once the specimen is sent to the outside research laboratory.

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Printed name of requesting physician

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Investigator Signature

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Date

**Stipulations:**

- 1) Once approval is obtained, the request must be submitted within 7 working days to either Dr. Royce Joyner, Pathology at Le Bonheur or Dr. Ed Raines, Pathology at MH University hospital or the request is forfeited unless an extension is approved by Dr. Joyner or Dr. Raines.
- 2) If the request exceeds the departmental capabilities at the time of the request, the request may be delayed or denied by the Pathologist.
- 3) All specimens must be returned by \_\_\_\_\_ (Date as determined by the Pathologist.)

Send original completed form to:

Methodist Healthcare Institutional Review Board

1325 Eastmoreland Suite 374

Memphis, TN 38104

901-516-2323 (telephone)

*Do not write below this line – for MHIRB use only*

## Consultation with SVP Research:

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Consultation with Pathologist: (circle one)  Dr. Royce Joyner /  Dr. Ed. Raines

Date: \_\_\_\_\_  Approved  Denied

## **Consultation with MHIRB Chairman:**

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

## **The above consultations verified by MHIRB Administration:**

## Signature

Date

**Disposition of request communicated to requesting physician:**

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Approved

**denied (see attached letter for details and explanation)**

## Signature MHIRB Administration

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Date

**MHIRB Tissue procurement # -** \_\_\_\_\_