

Surgical Tissue Discard and Service Request Form

rincipal Researcher's Name:		Contact Informa	ation	
Surgical Tissue Discard Collection Specifications Protocol Review (BioSight service and repository use): Tissue Type/s: (Circle as applicable) Main study consent: Yes No BioSight Core consent: Yes No Redacted clinical data: Yes No BioSight Tissue Storage: Yes No BioSight Tissue Pick up /Chaperoning from OR to Investigator: Yes No	rincipal Researcher's Name: _			
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