



SPECIMEN REGISTRATION FORM
(Locally Stored Samples)

Please affix the local contact details for your Centre's tissue banking facilitator.

S/he must assign the CCLG case number and specimen code for **all** banked specimens

Please complete a separate form for each specimen

Centre No. /	CCLG Case No.	/ Specimen Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Details

Surname (Full) _____ Forename(s) (Full) _____

Date of Birth / / Sex: Male / Female Hospital number _____
dd mm yyyy

Consent

Has the patient / parent / guardian consented to the CCLG Tissue Bank? : Yes / No

Signed _____ Full Name (CAPITALS) _____

Date / / Position _____

Specimen Information

Please attach a pathology and/or cytogenetics report with this form

Date specimen taken / / Path Lab specimen No. _____

Chemotherapy: Pre / Mid / Post Radiotherapy: Pre / Post

Specimen type: Biopsy Complete or incomplete resection? (CNS only)

Resection Normal Primary Tumour

Bone Marrow Metastatic Second Tumour

Blood

Other If other, please specify _____

Relapse sample Yes / No Site of specimen _____

Diagnosis _____ Date of initial diagnosis / /

Stage _____ Grade (WHO grade) _____

Specimen Storage

Specimen type Number of aliquots / blocks

eg. Frozen, FFPE, Blood, Other (specify)

Storage Location _____

Frozen specimens only:

Stored at: -80°C LN₂ Other:

Date Received in Lab / / Date Stored / /

Signed _____ Date / /

Full Name (CAPITALS) _____

Send completed forms (with Pathology reports) to:
Tissue Bank Manager, CCLG Coordinating Centre, University of Leicester, 3rd Floor, Hearts of Oak House, 9 Princess Road West, Leicester, LE1 6TH