

**FORM F3: TRANSFER RECORD: SAMPLE FROM DIAGNOSTIC ARCHIVE TO BIOBANK**

SAMPLE INFORMATION			
<b>Request date</b>			
<b>Sample type</b>		<b>Sample ID</b>	
<b>Consent</b>	<b>Required?</b>	<b>Consent type</b>	
	<input checked="" type="checkbox"/> Yes →	<input type="checkbox"/> GOSH/Hammersmith <input type="checkbox"/> Referral <input type="checkbox"/> Biobank	
	<input type="checkbox"/> No →	<input type="checkbox"/> Existing holding, date received    /    / <input type="checkbox"/> No consent list checked	
<b>Diagnosis</b>			
<b>Date discussed at MDT</b>		<b>Date of pathology report</b>	
<b>Quantity of tissue available</b>			
<b>Project requesting tissue</b>			

APPROVAL DECISION	
<b>Tissue release</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
<b>Tissue released to</b>	<input type="checkbox"/> Biobank – any ethically approved project <input type="checkbox"/> Condition – specified project
<b>Quantity of tissue to transfer</b>	<input type="checkbox"/> All available <input type="checkbox"/> Portion (specify).....
<b>Date approved</b>	
<b>Signature</b>	Dr Rahul Phadke
<b>Any comments</b>	