

Anatomic Pathology Research Core Lab

User Packet

New Project Requests:

Completed packets can be dropped off or mailed:

**Drop-off: UNC Department of Surgical Pathology
Rm. 30149, Women & Children's Hospital
Phone: 919-843-1476**

**Mailing Address: Anatomic Pathology Research Core Lab
UNC Department of Pathology
101 Manning Drive, CB# 7525
Chapel Hill, NC 27599**

Previously Approved Projects:

**A Request for Services form can be sent as above or
faxed, 919-966-6417.**

Questions? Please call 919-843-1476.

APRCL Policies

Enclosed you will find an application packet. The APRCL provides access to UNC Hospitals repository of human tissue samples given appropriate IRB and HIPAA approvals. The Core provides microtomy services and extensive immuno-staining and special-staining procedures for sections taken from archival tissues. Development and testing of immuno-stains is also a Core function. Importantly, the Core provides the construction, staining, and imaging of Tissue Microarrays.

We have implemented strict policies that address medical and legal issues and protect patient privacy and confidentiality. It is the responsibility of the requestor to protect the integrity of all materials released by the APRCL and to protect the patient's PHI, under HIPAA regulations.

Required Paperwork

If this is a new project request, the following must be received prior to processing any requests.

1. **__ IRB approval letter (copy)**
2. **__ HIPAA approval letter (copy)**
3. **__ Signed Letter of APRCL Research Agreement**
4. **__ Request for Services form**
5. **__ (optional, but appreciated) Brief description of your study**

Additional requests on a previously approved project require only the Request for Services form.

Release of Original Slides or Blocks **Original surgical pathology slides, blocks, and tissues are the property of UNC Hospitals.** In certain situations, original slides or blocks may be released to an investigator. This is at the discretion of the APRCL Director, and the investigator must sign a written agreement indicating that all blocks (or slides) will be returned in usable condition, with remaining tissue, within **two weeks** from receipt date. Subsequent slide/block request privileges will be forfeited if original slides or intact usable blocks are not returned within this two week interval.

Training Any personnel using APRCL equipment must first be trained and approved by the APRCL lab supervisor and must agree to comply with all policies and procedures of the lab, including but not limited to safety, access to and use of all reagents, equipment, and computers.

Immunohistochemistry and Tissue Microarrays Studies requesting immunohistochemistry services or construction of tissue microarrays involve considerable technologist time and expertise. Acknowledgement of the facility on all manuscripts and grants would be appreciated.

Billing All work performed will be billed on a monthly basis to the PI. Billings cover reagents and supplies used in the study.

**UNC ANATOMIC PATHOLOGY RESEARCH CORE LAB
LETTER OF RESEARCH AGREEMENT**

DATE: _____

INVESTIGATOR NAME: _____

DEPARTMENT: _____

ADDRESS _____

PHONE: _____ FAX: _____

EMAIL: _____

TITLE OF PROJECT:

COLLABORATORS: _____

I (we), the undersigned have read, understood and agree to comply with all policies and procedures of the Anatomic Pathology Research Core Lab. I (we) understand that unless approved HIPAA authorization is provided to the APRCL, I (we) will receive the sample(s) identified only by a unique coded number and that I (we) will receive no patient identifiers. If I (we) receive original slides or tissue blocks, I (we) agree to the following policies:

- The slides & blocks must be returned by the due date.
- The tissue must not be exhausted or depleted from the block.
- The blocks must not be damaged, distorted, melted, re-labeled or otherwise altered.
- The blocks must not be released by the requestor to any third party, unless listed as a collaborator and approved by the APRCL Director.

By signing below I indicate that I am fully responsible for research performed using the material obtained from the UNC APRCL and have provided truthful information on the nature and IRB review of my research study.

Signed: _____ Date: _____

(Print): _____

APRCL Director _____

APRCL PRICING LIST

Pull slide	1.00 each
Pull block	1.00 each
Recut block/scroll, 1 st level	10.00 each
Recut block/scroll, additional levels	3.00 each
H & E stain	3.00 each
Special stains	10.00 each
New antibody work-up (optimization)	350.00 each
Immunostain*	10.00 each

* The investigator is responsible for the cost of the primary antibodies.

Cell blocks – making the block	10.00 each
Embedding and Processing (cell block or tissue)	4.00 each
TMA construction	5.00 per core
TMA sections	100.00 each
TMA image capture and storage	100.00 per slide
Immunohistochemistry training	100.00 per day
Immunohistochemistry consultation	50.00 per hour

Computer search of surgical pathology database for requested tissues (for example, an investigator needs 20 prostate cancers but does not know specific case numbers- we would do the search and select the cases; this requires collaboration with one of the departmental pathologists; contact Leigh Thorne, MD lthorne@unch.unc.edu for help).

