## F610

# Hemodialysis Fistula Maturation Consortium (HFM Study) Mailing of Formalin Fixed Vein Tissue in Ethanol <u>at ROOM TEMPERATURE</u>

to the Histology Core at the University of Washington Form (Form # 610)

#### **Histology Core Contact Information:**

Seattle, WA 98195

Address: University of Washington Attn: Tomasz Wietecha HSB Room E-506 Alpers Lab 1959 NE Pacific St

Email:tomaszw@u.washington.edu (Tomasz Wietecha)<br/>kellylee@u.washington.edu (Kelly Hudkins)Phone:(206)-543-6746Cell:(425)-681-0275 (Tomasz)

Fax: (206)-221-6678

Process vein tissue with formalin according to instructions in the Manual of Operations and put the labelled yellow top tube in the mailer provided. Do not ship this tissue on dry ice. Address the mailer with the pre-paid mailing label provided. Enclose a copy of this form. Keep a copy of this form. Items 1 to 201 below must be key entered into the database.

**Email the Histology Core** when you are sending in formalin vein tissue to expect the shipment. Write your name, phone number, and email address on this form in case the lab has any questions for you.

1. Sample ID number SAMPLE_ID - PID 2. Alpha code AC 3. Date Vein Tissue Collected: mm/dd/yyyy VISIT_DT   (NIH Repository Site Identifier – HFM Participant ID) 2. Alpha code AC 3. Date Vein Tissue Collected: mm/dd/yyyy VISIT_DT	
4.	Time tissue collected (24-hour clock HH:MM)COLL_TM
5.	a. Was this vein tissue collected at the time of
	the operation for the HFM Study fistula? (0=no, during revision, 1=yes)COLL_TYPE
	b. Where was this tissue collected from? (1=main vein, 2=side branch, 3=both)COLLECT_FROM
6.	a. Username of person collecting vein tissue
	b. Username of person cutting the vein tissue into piecesCUT_USER
	c. Username of person processing the vein tissue PROC_USER
7.	Time (24-hour clock HH:MM) and date (mm/dd/yyyy) the tissue placed in formalin
8.	Time (24-hour clock HH:MM) and date (mm/dd/yyyy) the tissue placed in ethanolETHANOL_TM/ETHANOL_DT
9.	Date tissue shipped to Repository (mm/dd/yyyy)SHIP_DT
200. Date this form completed (mm/dd/yyyy)COMP_DT	
201. Username of person completing this form	
Not for data entry – Write your name, phone number, and email address below.	

### Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) \_\_\_\_/\_\_\_\_ ENTER\_DT Username of person entering this form \_\_\_\_\_ ENTER\_USER

### For DCC Use only:

190.

a. The Histology Core flagged this specimen as unusable.\_\_\_\_ NOT\_USABLE

(1= no tissue blocks or slides available, 2=no vein tissue in the block; only fat and connective tissue)

*b. Date DCC notified* (*mm/dd/yyyy*) \_\_\_\_\_/\_\_\_ NOT\_USABLE\_NOTIFY\_DT