Hospital: ________________________

Dear Dr. ____________________

Request for Return of Tissue Waiver and Release

Patient Name: ____________________________________

Age/Sex: ________/________

Date of Birth: (mm/dd/yyyy) ________/______/________

Date of Surgery: (mm/dd/yyyy) ________/______/______

Medical Record Number: ____________________________

Requested Tissue: ____________________________________

Surgeon Name: ____________________________________

Pathology Accession Number (if known): ________________________

By signing this form I acknowledge the following:
I have requested that my tissue be returned to me, because I would like to receive treatment with "Autologous Formalin-fixed Tumor Vaccine; AFTVac" one of the cancer immunotherapy. For the AFTVac preparation, the amount of tissue should be required 2 g of formalin fixed tissue (FFPE blocks are also available). I understand that the tissue may have been examined in a non-sterile environment and may have come in contact with infectious agents.

I acknowledge that my tissue is being returned to me in the following condition:

☐ In a container, 10% formalin (Placed in formalin as a preservative)
☐ In a container, FFPE (Placed in paraffin embedded blocks, not in thin sections)

I understand that there are risks to myself and others associated with any tissue and I will handle my tissue with care. I understand that you recommend that I do not open the container. If I do handle my tissue I understand that I should wear gloves. I hereby forever release ________ Hospital and its trustees, officers, employees, agents, attorneys, successors and assigns, agents and employees from any and all liability, of whatever kind and nature, in complying with my request.

Patient or Patient's Representative Signature: ___________________________

Printed Name: ____________________________________

Address and Phone Number: ____

Date: (mm/dd/yyyy) ________________/______/________

Medical Director Approval: ___________________________

Date: (mm/dd/yyyy) ________________/______/________