James Hogg Research Centre Cardiovascular Biobank Request for Human Blood Vessel Specimens

Instructions:

Please complete this form and send it as an attachment to Gurpreet Singhera at <u>Gurpreet.Singhera@hli.ubc.ca</u>

If you have any further questions, please contact Gurpreet Singhera at local 63544.

Male — Female — Doesn't Matter —	Project Specifics:				
Name of Contact Person:	Project Title:				
Name of Contact Person:	Ethics Approval Number:	Date of Scientific Review Meeting:	Date of Tissue Request:		
Institution/Company Name: Mailing Address (if applicable):	Contact Information:				
Specimen Requested: Storage Format (please check): Patient Characteristics (please check): Internal Mammary Artery	Name of Contact Person:	Telephone Number:	Email Address:		
Specimen Type (please check): Storage Format (please check): Patient Characteristics (please check): Internal Mammary Artery	Institution/Company Name:	Mailing Address (if applicable):	1		
Saphenous Vein:		Storage Format (please check):	Patient Characteristics (please check):		
Undistended Distended Cardioplegia Doesn't Matter Flash Frozen (1cm) Type 1 Type 2 Doesn't Matter	Internal Mammary Artery	OCT (3mm)	No		
No No Yes Type 1 Type 2 Doesn't Matter	Undistended Distended Cardioplegia	OCT (3mm)	No		
OCT (3mm) No Flash Frozen (1cm) Yes	Radial Artery	OCT (3mm)	No		
Male — Female Doesn't Matter	Any Vessel will do	OCT (3mm)	No		

Patient Characteristics (i.e. age, sex, other particular disease):	· limiting cha	racteristics such	as a diagnosis of a
Do you require any patient information? If yes, please specify which variables you are			

For more information or questions, please contact: **Gurpreet Singhera**Cardiovascular Biobank Manager
Room M201 – 2nd Floor McDonald Building

Local: 63544

Email: <u>Gurpreet.Singhera@hli.ubc.ca</u>