



**Penn Medicine** | Hospital of the  
University of Pennsylvania

3400 Spruce Street, Philadelphia, PA 19104

## **DIVISION OF LABORATORY MEDICINE**

Histocompatibility Laboratory ▪ 7 Founders Bldg ▪ 662-6010

Client Services: 215-662-4808

Label Area

OR Location	OR Phone Number	Name of Attending (required by law)	Attending Cell Phone Number (required)
Date collected (required by law)	Time collected (required by law)	Person completing this form (Please print name legibly)	

Additional specimen collection and test ordering information can be found in the Laboratory Tests Services Guide accessible on the HUP Intranet Home Page (<http://uphsxnet.uphs.upenn.edu>)

### **USE THIS FORM FOR PARATHYROID TISSUE CYROPRESERVATION ONLY**

#### **Specimens Required for Cryopreservation of Parathyroid Tissue**

- ☐ Parathyroid Tissue
- ☐ Two plain red vacutainer tubes

#### **Protocol Followed in OR**

- ☐ Parathyroid Tissue minced and placed in a sterile specimen cup containing cold sterile saline
- ☐ Sterile specimen cup and blood tubes labeled with two patient identifiers which match requisition label
- ☐ Placed sterile specimen cup containing tissue in a plastic bag
- ☐ Placed the plastic bag containing the sterile specimen cup in another bag containing ice chips
- ☐ Called Histocompatibility Laboratory (662-6010)
- ☐ Obtained name of person delivering tissue to the Histocompatibility Lab: \_\_\_\_\_  
(Please print name legibly)

#### **Notes:**

- Tissue must be transported immediately to the Histocompatibility Laboratory on 7 Founders

#### **For Lab Use Only**

Time of Delivery to the Lab	Printed Name of Lab Personnel accepting the Tissue	
Time of Receipt Confirmation (call to the surgeon)	Was Prior Notification made to the Laboratory	
	<input type="checkbox"/> YES <input type="checkbox"/> NO   Time of Notification:	

**HISTOCOMPATIBILITY**

**Parathyroid Tissue Cryopreservation**

Technologist performing the cryopreservation procedure: \_\_\_\_\_  
(Print Name legibly)

Time tissue placed into -70°C storage: \_\_\_\_\_

Technologist transporting tissue to liquid nitrogen storage: \_\_\_\_\_  
(Print Name legibly)

Date and Time tissue placed into liquid nitrogen storage: \_\_\_\_\_

**Storage Location:**

- Freeze Number: \_\_\_\_\_
- Rack Number: \_\_\_\_\_
- Box Number: \_\_\_\_\_
- Number of Vials: \_\_\_\_\_

**Request to Thaw Parathyroid**

Date and Time of request: \_\_\_\_\_

Request made by: \_\_\_\_\_  
(Print Name legibly)

Number of vials requested to thaw: \_\_\_\_\_

Scheduled date and time of retrieval: \_\_\_\_\_

Technologist thawing the tissue: \_\_\_\_\_  
(Print Name legibly)

Procedure completion time: \_\_\_\_\_

Name of person retrieving the tissue: \_\_\_\_\_  
(Print Name legibly)

Date and Time of retrieval: \_\_\_\_\_

Number of vials remaining in storage (update Histotrac inventory location): \_\_\_\_\_

Final Disposition Date: \_\_\_\_\_

Name of person disposing of the tissue: \_\_\_\_\_  
(Print Name legibly)