



Sender Address:

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Date:

Pathology Material for IBCSG Studies 23-01, 24-02, 25-02, 26-02

Patient initials:..... Randomization number: Born on: Tumor laterality: Operated on right side: Pathology number right side: Operated on left side: Pathology number left side:..... Center code and Center name:

The protocol requires submission of the following:

- | | |
|---|--|
| - 1 paraffin block of the primary tumor | - 1 copy of the pathology report of local pathologist |
| - 1 paraffin block of normal tissue | - 1 copy of the completely filled in pathology-form (Form P) |
| - 1 new cut H&E slide of the above blocks | - 1 copy of the completely filled in hormone receptor form |

Primary Tumor Slide Pathology Number..... Block Pathology Number.....	Normal Tissue Slide Pathology Number..... Block Pathology Number.....
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For the provided material, please fill in **above the exact pathology numbers *with extension***, that you use for identification in your laboratory. It is also extremely important the pathology report, pathology form, and all slides and blocks are marked with the IBCSG randomization number.

Do you need to have the provided paraffin blocks returned after central review? **yes** **no**

If the above is marked 'yes', how long (years from now) will you store the blocks in your files? _____ **years**

Are you willing to let IBCSG have the material after the maximal storing time at your laboratory? **yes** **no**

Thank you very much for sending the material to this address:

IBCSG Central Pathology Office
 European Institute of Oncology, EIO
 Division of Pathology
 Via Ripamonti 435
 20141 Milano, Italy