NATIONAL PHYSICIANS COOPERATIVE

the Oncofertility® Consortium
www.oncofertility.northwestern.edu

GLOBAL ONCOFERTILITY NETWORK

Ovarian Tissue Freezing Log

Patient Information					
Female Last Name		**Female First Name**		**Patient Date of Birth**	
Sample Use	Consents Received/Correctly Executed?: ☐ Yes ☐ No Date Verified: _____/_____/_____ ☐ Patient use only ☐ Patient and research use ☐ Research use only			**Patient ID Number**	
Sample Information	Surgery Date: _____/_____/_____ Surgeon: _____ Date of Infectious Disease Testing: _____ Portion sent to pathology: ☐ Yes ☐ No Complete ovary provided to lab: ☐ Yes ☐ No Portion sent to lab: ☐ Yes ☐ No Approximate portion size:_____% Comments:				
Summary	# Patient Vials		# Plasma Vials		# Research Vials	Total #

Sample Chain of Custody		Time	Person Performing (initials)	Comment
	Time ovary removed		Received by:	
	Transported to lab by	N/A		
	Time ovary received in lab			
	Start time processing in lab			
	Start time freezing			

Sample Labeling: *Canes* are marked with last name and freeze date; if multiple canes are used, number them sequentially (i.e. Jones, #2, freeze date). *Patient Vials* are marked with last name, first name, ID#, date of freeze, date of birth, ovary, #pieces/vial. If sample is *plasma*, ID as with patient, but write PLASMA on the vial. If sample is *research,* write RESEARCH number, date of freeze, date of birth, RESEARCH, and #pieces/vial on vial. For number of pieces per vial – patient tissue: assume 3/vial unless otherwise noted; research tissue: assume 1/vial unless otherwise noted.

NOTE: Enter each vial/straw on a separate line. Use a separate PAGE for patient, research, and plasma samples.

Freeze Date	Vial #	# Strips/Vial	Sample Type (Patient, Plasma, Research)	Vial Label *(Last name, first name, ID# freeze date, patient or research ovary or plasma)*	Tank Number	Canister Number	Cane Label or Number	Thaw Date (M/D/Y)	Thawing Tech. Initials
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								

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