**Biospecimen Collection and Banking Core Tissue Request Form**

**Principal Investigator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Department/Institution:** |  | | |
| **Institution:** |  | | |
| **Mailing Address:** |  | | |
| **Phone:** |  | **Fax:** |  |

**Laboratory Shipping Address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Department:** |  | | |
| **Institution:** |  | | |
| **Mailing Address:** |  | | |
| **Phone:** |  | **Fax:** |  |

**Billing Address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Department:** |  | | |
| **Institution:** |  | | |
| **Mailing Address:** |  | | |
| **Phone:** |  | **Fax:** |  |
| **IU Account #:** |  | | |
| **FedEx Account # (if shipping):** |  | | |

**Study Information**

|  |  |
| --- | --- |
| **Study Title:** |  |
| **Proposed Start Date:** |  |
| **IACUC#, IRB# or Expeditied # (if applicable):** |  |

|  |  |
| --- | --- |
| **Do you have sufficient funding for the acquisition of the requested samples: (Y/N)** |  |
| **Please specify:**  **Source:**  **Approval Date:**  **Grant #:** |
| **What is the purpose/scientific rationale? Please provide a summary of the data/research that supports your hypothesis.:** |  |
| **What type of tissue and specific annotations are you requesting?** |  |
| **Will your study by supported by NIH Funding?: (Y/N)** |  |
| **Do you plan to generate genetic/genomic data from these specimens?:** |  |
| **Justification of the number of specimens.:** |  |
| **Details of study logistics: Outline the details of your study logistics and methodology and what tests and analysis you will be conducting on the sample.:** |  |

**Donor Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age:** |  | **Race:** |  |
| **Gender:** |  | **Diagnosis:** |  |

**Clinical Data**

|  |  |
| --- | --- |
| **Clinical Data Required:** |  |
| **Other:** |  |

**Requested Specimen**

|  |  |
| --- | --- |
| **Service or Specimen Type(s)** | **Quantity** |
|  |  |

**For Tissue Procurement Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# of Samples Appropriate** | | **Scientific Reason Valid?** | | **Request Status** | |
|  | Yes |  | Yes |  | Approved |
|  | No |  | No |  | Approved with Revisions |
|  | |  | |  | Noteworthy – Can be reconsidered in the future when resources allow. |
|  | |  | |  | Declined |
| Reviewer Name: |  | | | Reviewer Date: |  |