

Tissue Procurement Request Form

Principal Investigator Information

Name:

Email:

Department:

Institution:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Laboratory Shipping Address

☐ Same as Principal Investigator

Name:

Email:

Department:

Institution:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Payment Information

FedEx Account #:

☐ **Account #:**

☐ **P.O. #:**

☐ **Credit Card**

Study Information

Study Title:

Proposed Start Date:

IACUC#, IRB # or Expedited #:

Will your study be supported through NIH funding?

☐ **Yes** ☐ **No**

Do you have sufficient funding for the acquisition of the requested samples?

☐ **Yes** ☐ **No**

If yes, please specify source; If no, please provide details for securing funding

Approval Date:

Grant Number:

What is the purpose/scientific rationale?

Please provide a brief summary of the data/research that supports your hypothesis.

What types of tissue and specific annotations are you requesting?

Justification of the number of specimens:

Do you plan to generate genetic/genomic data from these specimens?

This information is requested to determine if an Institutional Certification may be needed.

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 (optional)

Age:

Race:

Gender:

M & F

Diagnosis:

Clinical Data - Check all that apply (optional)

- ☐ Donor Demographic information(e.g. age,sex,vital signs)
- ☐ Histology and diagnosis details (e.g. histologic type,stage,grade)

- ☐ Surgery (e.g. procedure types and dates)
- ☐ Sample collection details
- ☐ Radiotherapy (e.g. intent, start and end dates, dose)

Additional chart review fees may apply

- ☐ Systemic therapy (e.g. intent, start and end dates, regimen and agent details)
- ☐ Family history of cancer
- ☐ Toxicities relating to treatment
- ☐ Patient History (e.g. prior cancers, history of smoking, risk factors)
- ☐ Outcome / Follow-up (e.g. progression/recurrence status, disease-free period)

Other:

Specimens List

Service Type:

of Specimens:

Description:

-
- ☐ I have completed IU or other approved Biosafety Training on handling human tissue and blood.
 - ☐ I have passed the Human Subjects Protection Course.
 - ☐ I have received at least 2 inoculations in the vaccination series for Hepatitis B.

Documentation for completion of the above requirements is not required at this time but may be required in the future.