



# HDI Laboratory, UNMC

## Requisition for Identity Testing of Pathology Specimen

University of Nebraska Medical Center  
Jesse Cox MD, PhD; ECI 6004  
601 South Saddlecreek Road  
Omaha, NE 68106

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Name of requestor:

Phone number:

Email:

Instructions regarding testing/ comparisons:

**\*Expect Results within 5 working days**

### Questioned Samples:

| Sample Name | Tissue/Source (ie fresh, formalin, FFPE) | Date of collection | Date of extraction | Elution buffer or water? | Quant (in ng/ul) | Preserve or Consume? |
|-------------|--|--------------------|--------------------|--------------------------|------------------|----------------------|
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### Known/ Reference Samples:

| Sample Name | Tissue/Source (ie fresh, formalin, FFPE) | Date of collection | Date of extraction | Elution buffer or water? | Quant (in ng/ul) | Preserve or Consume? |
|-------------|--|--------------------|--------------------|--------------------------|------------------|----------------------|
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