Pathology Request for Research Studies

To: (Path Contact) **Fax/Email:**

CC: (list any other contacts who would be involved in tissue preparation/shipment)

From: (Coordinator Name) **Area:** (Research Coordinator, Case Manager, Rad-Onc, etc.

Contact Information: Ph: **Fax:**

Email:

Date of Request:

Requesting Physician: **Ph:**

PI: **Email:**

IRB#:

Study Title in One Chart:

Cost Center # / Grant # (Enternal Requests only):

Billing Address (External-Industry Funded requests):

Fedix Account(if applicable)

Patient Name: **MR#:** **Study ID#:**

Specimen Type: ___ **New Biopsy Tissue** ___ **Archival Tissue**

Accession # / Surgical Case #: **Date of Biopsy:**

Anatomic Location:

Has Diagnosis been made by tissue? ____ **Yes** ____ **No**

Indicate: ___ **Unknown Primary Diagnosis** or ___ **2nd Occurrence / Metastatic disease**

Is tissue submission required prior to randomization? ___ **Yes** ___ **No:**

If response is "Yes" then please expedite specimen processing. Requires 2 specimen bottles to be used.

Local Testing Required (if any):

_____

List of materials provided by study (if any):

Please attach the following materials to this request:

- **The section of the protocol and/or procedures or lab manuals that describes:**
  - **The tissue handling and requirements**
  - **What will be done with the tissue (tissue banked, tissue stained, etc.)**
- **The Pathology Department Approval of Request for Tissue for Research**
  - **Cut & Paste email chain authorizing pathology approval for tissue collection**
- **A copy of the study abstract**
- **Any sponsor provided materials / documents that are required**

Send materials to:

___ **Tissue samples to be sent directly to sponsor** (contact information must be provided here)

___ **Contact the study coordinator to arrange pick up of samples**

Name: Ph: Pager:

___ **Please send by campus mail to:**

(Name) Clinical Research Coordinator
987680 Nebraska Medical Center
Omaha, NE 68198-7680 Campus Zip: 7680

By submitting this form I acknowledge that I have authorization from the PI to order the submitted procedure and charges.