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 # (External Requests only):  
Billing Address (External-Industry Funded requests):  

Fedex 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  ___ 2\textsuperscript{nd} 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.