

The email and clear form function will only work if the PDF form is downloaded

Principal Investigator

Name: _____ Email: _____
Department: _____
Phone: _____ Fax: _____

Date

REQUIRED

Billing

Cost Center or Grant #*

*Indicate all and allocation

REQUIRED

Request Number: _____

Study Contact

Same as Principal Investigator:
Name: _____ Email: _____
Department: _____
Phone: _____ Fax: _____

Billing Address

Same as Principal Investigator

Mailing Address

Street: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Name: _____ Email: _____
Department: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Request Details:

Case/s number from [NECARES](http://www.unmc.edu/pathology/research/resources/paraffin/index.html) website. List all de-identified case IDs, column F (CaseDeID) when exported with excel NECAREs report (or attach report with cases highlighted **REQUIRED**)

Type of tissue required (i.e.: Colon cancer):

Tumor/Lesion: _____ Matching normal*: _____ Control: _____
*If available

Number of Unstained Slide (USS): _____ Sections thickness: _____
Tissue core (cores from a block): _____ Diameter*: _____
*Up to 3mm

Special slide requests? _____ If yes, please indicate

Rush order

10 business days is the regular process time, price will double for rush orders

Pathologist review/ advice required? Yes No Decide Later

*Depending on type of review there might be additional fee applied for this service

If Yes, specify needs from the pathologist:

Do you have any plans to use TSF (Tissue Service Facility) services?

If yes, indicate if you need the tissue bank to further proceed with your request to TSF to help facilitate the speed of processing.

Yes? Fill out the TSF Form at <https://www.unmc.edu/pathology/research/resources/tsf/TSF-Requisition-Form-2017.pdf>

PTB Staff Notes:

De-identified Block ID's

1
2
3
4

Notes:

For Identified Data See PTB Staff

TSF Staff Notes: Indicate μ m trimmed on each block and other histology notes

Study information:

This only filled out by first time user, and once a year for regular requester:

IRB # : (If applicable) _____

Please provide a summary on how the tissue will be useful to achieve the scientific purpose/ rational of your research:

Study Title (If Submitted to the IRB):

Order Completion/ Material pick up Date request completed:

Name of person who pick up material/ order:

Signature:

Number or slide holders provided

If Any

