

TISSUE PROCUREMENT REQUEST FORM

Prior to release and distribution of specimen, investigators must submit the following request form for approval to the Tissue Procurement Core Facility Committee, along with a **copy of the IRB approval letter and a brief description of the intended use of the tissue.**

Investigator Information

Investigator Name	
IRB Approval # or Exempt Status # (REQUIRED)	
Funding Source and Principal Investigator	
Date of Application	

Specimen Requirements

Starting and ending dates of study	
Total # of specimens desired	
Specimen/Tissue Type(s)/Histologic Diagnosis(es)	
Anatomical site(s)	
Minimum size/quantity of specimen (i.e., 1mg, 1cm ³)	

Check ALL Acceptable:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Fresh tissue | <input type="checkbox"/> Snap frozen |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Recurrent <input type="checkbox"/> Metastatic |

Patient Demographics

Sex	
Age (Range)	

Additional Procedures Requested

(Examples include frozen sections, H&E or unstained tissue sections, cell culture, and cytogenetic or FISH analysis. Protocol-driven requests are also acceptable.)

Please describe:

Requesting Laboratory Contact Information: (Name, Phone #, Pager # of whom to contact)

Name:	
Mailing Address:	
Phone:	
Pager:	
E-mail:	

Specimen Delivery Information:

<input type="checkbox"/> Pick up from Tissue Bank personnel <input type="checkbox"/> Federal Express Provide account number to be charged # _____ <input type="checkbox"/> Deliver to _____

How to store specimen if immediate pick up or delivery is not possible:

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***NOTE:**

The following grant numbers should be acknowledged in publications *and* a copy of the publication forwarded to the Tissue Procurement Office.

NCI Cancer Center Support Grant P30 CA36727

Nebraska Department of Health Institutional LB595 Grant for Cancer and Smoking Disease Research

If pancreatic tissues or tissues obtained from a rapid autopsy are received, the following funding (grant number) should also be acknowledged:

NIH-1P50 CA 127297-01A2

Please submit all applications to:

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 c/o Benjamin J. Swanson, M.D., Ph.D.
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 Omaha, NE 68198-5454
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 Fax: 402.559.7248 or 402.559.6018

Questions may be directed to:

Yimin Sun, Ph.D.
 Benjamin J. Swanson, M.D., Ph.D.
 402.559.5733

*** FOR INTERNAL USE ONLY ***

Application Received		Director Approval for Vote		Time Devoted to Transaction	
Committee Vote		Date Shipped		Survey Sent	
Tissue Tech Processing Request					

Copies to: Tissue Laboratory Personnel & UNeMed Office