University of Nebraska Medical Center
BREAKTHROUGHS FOR LIFE

Once complete, select submit found on the bottom of page 4

Clinical Trial - Pathology Research Request Form

Order Number (internal use only): _____

Today's Date: _____

Requestor Information:

Primary Investigator Name: _____

Phone: _____ E-Mail: _____

Billing Information:

External (Non-UNMC) Requests:

Billing Contact Name: _____

Phone: _____ E-Mail: _____

Billing Address:

Internal (UNMC) Requests:

Cost Center/Grant Account Number: _____

Patient Information:

Patient Name: _____

DOB: _____ MRN: _____ Procedure Date: _____

Accession Number: _____ Outside Accession Number (if applicable): _____

Patient Consent:

Subject ID: _____ IRB Number: _____

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Required Attachments

*Email all attachments with this form to PathologyResearch@unmc.edu

1. Signed Patient Consent (External, Non-UNMC, Requests Only)
2. Prepaid Return Shipping Label, if applicable (See next section)

Order Delivery Information:

TSF Pickup: ◯ (Internal Only) Prepaid Label Provided: ◯ FedEx Acct # Provided: ◯ Freezer Storage: ◯ (Blood Only, Additional fee may apply)

Non-Shipping Return Instructions:

Shipping Return Instruction:

ATTN: _____

Shipping Address:

FedEx Account Number: _____

Request and Billing Authorization (External Requests Only):

PI Name: _____

PI Signature: _____

Date: _____

*Please email IBB@unmc.edu for any billing questions.

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Tissue Science Facility (TSF) Orders

Slides:
Section Thickness: _____µM Air Dried? ☐ If yes, how long? _____ Baked? ☐
Special Storage Instructions: _____

Number Unstained: _____
Number Stained (H&E): _____
Total Number of Slides Requested: _____

Slide Labeling: Additional Instructions:

Curl/Scroll:
Number of Curls: _____ Curl Thickness: _____µM
Place curls into: One Tube? ◯ Or, separated? ◯

Curl Tube Labeling Instructions:

Block/Sub-Block/Punch:
Number of Punches___ *Unless otherwise noted, largest possible punch size will be used (usually 4 mm)
Labeling/Additional Instructions:

Imaging:
*By default, imaging will be whole slide 40x. If anything other is needed, please note below.
*Please note, any markings on the slides will be removed prior to scanning.

Slide Labeling/De-identification and additional Instructions:

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Fresh Tissue/Blood Procurement

Fresh Tissue:

Diagnosis: _____ Surgeon: _____

Procedure: _____ Date of Procedure: _____ Start time: _____

Tissue Requested: Normal: ☐ Tumor: ☐ If biopsy, number of cores needed: _____

Sterile Processing? Yes: ☐ No: ☐ Formalin Fix Length: _____

TSF Processing? No Processing: ☐ Block Only: ☐ Slides: ☐ Curls: ☐ Other (specify): ☐

*If processing is required, also fill out the TSF portion on the previous page.

Labeling: Additional Instructions:

Blood:

Request: Whole Blood: ☐ Serum: ☐ Buffy Coat: ☐ PBMC: ☐ Other (specify below) ☐

Process via Standard Protocol (if applicable)? Yes: ◯ No: ◯

*See our list of standard processing protocols if needed (Coming soon!!!)

Amount per Aliquot: _____ µL Minimum number of Aliquots: _____

Labeling: Additional Instructions:

Submit