

Clinical Trial - Pathology Research Request Form

Order Number (internal use only): _____

Today's Date: _____

Contact & Requestor Information:

Contact Name (ie. Research Coordinator): _____

Ph: _____ E-Mail: _____

Primary Investigator Name: _____

Ph: _____ E-Mail: _____

Billing Information:

External (Non-UNMC) Requests:

Billing Contact Name: _____

Ph: _____ E-Mail: _____

Billing Address:

Internal (UNMC) Requests:

Cost Center/Grant Account #: _____

Patient Information:

Patient Name: _____

DOB: _____ MRN: _____ Procedure Date: _____

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

Patient Consent:

Subject ID: _____ IRB Number: _____

Required Attachments

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

1. Signed Patient Consent (External, Non-UNMC, Requests Only)
2. Pre-paid 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 #: _____

Request and Billing Authorization (External Requests Only):

PI Name: _____

PI Signature: _____

Date: _____

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

Tissue Science Facility (TSF) Orders

Slides:

Section Thickness: _____ μ M 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: _____ μ M

Place curls into: One Tube? Or, separated?

Curl Tube Labeling Instructions:

Block/Sub-Block/Punch:

No. of Punches _____ *Unless otherwise noted, largest possible punch size will be use (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:

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: _____ Flash Freeze: _____ Other: _____

*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: _____ μ L Minimum number of Aliquots: _____

Labeling: _____

Additional Instructions: _____

Submit