

## 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](mailto: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](mailto:IBB@unmc.edu) for any billing questions.

## Tissue Science Facility (TSF) Orders

### **Slides:**

Section Thickness: \_\_\_\_\_  $\mu$ 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: \_\_\_\_\_  $\mu$ 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: \_\_\_\_\_  $\mu$ L Minimum number of Aliquots: \_\_\_\_\_

Labeling: \_\_\_\_\_ Additional Instructions: \_\_\_\_\_

Submit