

Pathology Request for Research Studies

To: (Path Contact)

Fax/Email:

CC: (list any other contacts who would be involved in tissue preparation/shipment)

From: (Coordinator Name)

Department:

Contact Information: Ph:

Fax:

Email:

Date of Request:

Requesting Physician:

Ph:

PI:

Ph:

Email:

IRB#:

Study Title in One Chart:

Cost Center # / Grant # (if applicable):

Billing Address (External requests):

Fedix Account (if applicable)

Patient Name:

MR#:

Study ID# (if applicable):

Specimen Type: ___ New Biopsy (acquired at time of surgery) ___ Archival Tissue

Accession # / Surgical Case #:

Date of Biopsy:

Anatomic Location:

Has diagnosis already been made by pathology? ___ Yes ___ No

Indicate: ___ Unknown Primary Diagnosis or ___ 2nd Occurrence / Metastatic disease

List of materials required (H&E, USS..etc) (Note: Tissue blocks are not released per hospital regulation)

Local Testing Required (e.g. specific stains such as p40):

List of materials provided by study (if any):

Please attach the following materials to this request:

- **The section of the protocol and/or procedures or lab manuals that describes:**
 - **The tissue handling and requirements**
 - **What will be done with the tissue (tissue banked, tissue stained, etc.)**
- **The Pathology Department Approval of Request for Tissue for Research**
 - **Cut & Paste email chain listing pathology approval for tissue collection**
- **Any sponsor provided materials / documents that are required**

Send materials to:

Tissue samples to be sent directly to sponsor (contact information must be provided here)

Contact the study coordinator to arrange pick up of samples

Name:

Ph:

Pager:

Please send by campus mail to:

(Name) Clinical Research Coordinator

987680 Nebraska Medical Center

Omaha, NE 68198-7680

Campus Zip: 7680

By submitting this form I acknowledge that I have authorization from the PI to order the submitted procedure and charges.