

## Pathology Research Request Form

Order Number (internal use only): \_\_\_\_\_

Today's Date \_\_\_\_\_

### Requestor Information:

Requesting Provider Name: \_\_\_\_\_

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:

Signed Consent Date: \_\_\_\_\_ IRB Number: \_\_\_\_\_

**Material Request Information: Slides:**

Section Thickness: \_\_\_\_\_  $\mu$ M; Sequential?: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Material Request Information: Curl/Scroll:**

Number of Curls: \_\_\_\_\_ Curl Thickness: \_\_\_\_\_  $\mu$ M

Can all curls be placed in, One Tube? \_\_\_\_\_ Or, separated? \_\_\_\_\_

Curl Tube Labeling Instructions: \_\_\_\_\_

\_\_\_\_\_

**Material Request Information: Punch/Sub-Block:**

Punch: \_\_\_\_\_ Sub-Block: \_\_\_\_\_

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

\_\_\_\_\_

**Pathologist Approval (Internal Use Only):**

Block Chosen: \_\_\_\_\_

**Material Request Information: Fresh Tissue Procurement:**

Diagnosis: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_ Start time: \_\_\_\_\_ Formalin Fix Length: \_\_\_\_\_

Tissue Requested: Normal: \_\_\_\_\_ Tumor: \_\_\_\_\_ No. of Cores/Specimens Requested?: \_\_\_\_\_

Will any of the sample be needed for clinical diagnostics?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Block Labeling/Additional Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Material Request Information, Imaging:**

40x: \_\_\_\_\_ 20x: \_\_\_\_\_ Whole Slide?: \_\_\_\_\_ Half Slide?: \_\_\_\_\_ If Half, Top?: \_\_\_\_\_ Bottom?: \_\_\_\_\_

\*Please note, any markings on the slides will be removed prior to scanning.

Slide Labeling/De-identification and additional Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Attachments (External Non-UNMC Requests Only):**

\*Email all attachments with this request to [PathologyRequests@unmc.edu](mailto:PathologyRequests@unmc.edu)

1. Signed Patient Consent.
2. Pre-paid Return Shipping Label (See "Sample Return Information" section on page 3).

**Sample Return Information:**

Non-Shipping Return Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shipping Return Instruction:**

ATTN: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FedEx Account #: \_\_\_\_\_

\*Alternative to a FedEx Acct #, you can provide us with a prepaid shipping label.

**Request and Billing Authorization (External Requests Only):**

PI Name: \_\_\_\_\_

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_