

Tissue and Data Request Form

Date Submitted:	Requested By:
Deadline:	IRB Protocol/PI:
Grant/Project #:	Funding Source:
Project Purpose:	

Priority level: High Medium Low

Tissue:

1. Sample Type: Plasma Serum Tissue Other Specify:
 2. Tissue type: Malignant Normal Other
 3. Tissue treated with: Radiation Chemotherapy No Treatment
 4. Normal matched tissue from the same patient? Yes No
 5. Amount of tissue, serum or plasma required (min to max size/volume):
 6. Total number of specimens:
- Preparation/preservation of specimen: Fresh Frozen FFPE
-

Data:

of Patients Desired:

Inclusion/Exclusion Criteria:

Data Elements Requested (Please list all data elements):

Comments:

For Lung SPORE/Tissue Core use only:

Date Received: _____ Signature: _____

