

**Pathology Core Laboratory Tissue Request
CTRC at The UTHSCSA Tumor Bank**

I. **Name of Investigator (s):** _____
II. **Date:** _____

III. **Title of Research Project**, with short summary (use separate page, abstract of proposal acceptable)

IV. **Funding source:** _____

V. **IRB approval #** (Copy of approval letter must be attached) _____

VI. Tissue Specimen Criteria:

A. Anatomic site or tissue type: _____

B. Number of specimens needed: _____

C. Other specifications

Malignant _____ Benign _____ Normal _____

Specific diagnosis _____

Limiting patient characteristics

D. Preparation and Preservation of Specimens

Frozen block _____ Amount _____ (mg) Slides _____ (#)

Formalin fixed, paraffin embedded slides _____ (#)

Other requirements

E. **Clinical information needed** (Circle all needed, information provided as available)

Anatomic site

Final diagnosis

Patient age

Patient sex

List any additional information needed and the reason for request

FOR LABORATORY USE ONLY

Date of receipt: _____ Date of approval: _____

Approval by: _____ Date of request fulfillment: _____

Specimen #s given to investigator
