Tissue Request Form

Fax this form to Dan Beard at 717-531-0704

Investigator		Phone #	
Research Project Title			
E-mail		Protocol #	
Type of Specimens Requested			
Type in the number of specimens	requested		
Tumor tissue Frozen			
Normal tissue Frozen			
RBC	Buffy Coat	Plasma	
Buccal Cell Swab	Pathology Reports	Other	
Specify how the samples will be	used in the research		
Guidelines:			
A. No patient identifiers will b	e supplied. Only link to patient is	s through tissue bank manager.	
B. Please forward any prelimi	nary data to confirm the researc	h methods have been successful in pilot st	udies.
C. No patient shall be contact	ed without the approval of the In	stitutional Review Board (IRB).	
D. If information is published	patients shall not be identified.		
E. When the material requeste their assistance and/or partic		e forward a copy to the Tissue Bank and ac	<mark>knowled</mark> g
	<u> </u>		
Signature of Investigator	Date		

Date

Signature of Tissue Bank Manager