

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 be supplied. Only link to patient is through tissue bank manager.
- B. Please forward any preliminary data to confirm the research methods have been successful in pilot studies.
- C. No patient shall be contacted without the approval of the Institutional Review Board (IRB).
- D. If information is published, patients shall not be identified.

E. When the material requested results in a publication, please forward a copy to the Biorepository and acknowledge their assistance and/or participation.

Signature of Investigator

Date

Signature of the Biorepository Manager

Date