THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

Multidisciplinary Gynecologic Cancer
TRANSLATIONAL RESEARCH TISSUE BANK

Request for Tissue

Date of Request _____

_____
Principal Investigator Requesting Tissue (Please type or print name)

_____
Collaborator(s) (Please type or print name)

Email _____ Phone_____

1. Will this tissue or its derivatives (RNA/DNA/protein) be used by a commercial entity conducting research?
   ☐ YES ☐ NO

If yes, what is the name of the company _____

Protocol ID #: _____

Brief description of project: _____

_____

_____

_____

_____

_____

_____

Type and approximate number of samples needed: _____

Will you be extracting RNA from this tissue? ☐ YES ☐ NO

Contact Person Name & Phone _____

Email _____ Requestor's FedEx Acct: _____

Address to send tissue _____

For Tissue Bank Use Only:

Revised: November 20, 2003

Date Received _____

Approved ☐ Not Approved ☐

Date Filled _____