

Multidisciplinary Gynecologic Cancer
TRANSLATIONAL RESEARCH TUMOR 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 Tumor Bank Use Only:

Date Received _____

Approved Not approved

Date Filled _____