



**Brain Tumor Translational Resource (BTTR)**

Neuro-Oncology Program and Department of Pathology and Medicine 10833 Le Conte Ave,  
13-360 CHS Los Angeles, CA 90095

Operating hours: 8:00 am - 5:30 pm Monday- Friday Tel: 310-794-6769 Fax: 310-794-7791

**SERVICE REQUEST FORM**

**PI Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Requested by:** \_\_\_\_\_

**IRB:** \_\_\_\_\_ **ARC:** \_\_\_\_\_

**FAU and RID:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

- I attest that the IRB information provided is accurate and that I will utilize materials/information from the BTTR in compliance with IRB stipulations, UCLA, state and federal regulations.
- I acknowledge it is my responsibility to ensure samples requested are appropriately consented or exempt.

<b>Nº</b>	<b>Case</b>	<b>Service Requested</b>	<b>Amount</b>	<b>Comments</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Materials supplied:** \_\_\_\_\_

**Pick up:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please include or acknowledge the BTTR on any publications for which we have given assistance. This will enable us to obtain more grants and thus continue to provide our services at minimal cost