

# REQUEST WORKSHEET FOR TISSUE PROCUREMENT

Requested By:	PI:	JCCC Member? <input type="checkbox"/> YES <input type="checkbox"/> NO
Ext/Phone:	Date Requested:	
Email:	Requested For:	
IRB#:	IRB Expiration Date:	
<b>Note: TPCL operating policies may require that this request be reviewed and approved by our TPCL advisory board prior to this request being fulfilled.</b>		
Samples to be anonymized (no IRB required)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Anonymized pathology Report required <input type="checkbox"/> YES <input type="checkbox"/> NO

Fresh Tissue	Frozen Tissue
Total # aliquots: _____	Total # aliquots: _____ OCT or Frozen
Tissue Type: _____	Tissue Type: _____
# tumor: _____	# tumor: _____
# normal: _____	# normal: _____
Different Patient? Yes No	Different Patient? Yes No
Surg Path Report?: Yes No	Surg Path Report?: Yes No

Special Instructions:

<b>*LAB USE ONLY* BILLING **LAB USE ONLY* BILLING **LAB USE ONLY* BILLING *</b>		
<b>A.</b>	Request approved by: Name: _____	Date: _____
<b>B.</b>	<input type="checkbox"/> Anonymous <input type="checkbox"/> Coded-TPCL retains <input type="checkbox"/> Coded-TPCL releases <input type="checkbox"/> PHI release	
<b>C.</b>	Job completed and email sent: _____	Date: _____
<b>D.</b>	Materials picked up by (print name): _____	Date: _____
	Pathology Report _____	= \$ _____
	Database Search _____	= \$ _____
	Fresh Complex = \$ _____	Fresh Moderate = \$ _____
	Fresh Simple = \$ _____	
	Frozen Complex = \$ _____	Frozen Moderate = \$ _____
	Frozen Simple = \$ _____	