



BIOSPECIMEN REQUEST FORM

Date

Principal Investigator

Contact

Name		Name
Affiliation	Support/ Index	Phone
Y N		Email

Project Title

Disease IRB-Approved study? Y N

Summary of Aims and Research Plan

REQUESTS - Blood and Bodily Fluids

of Cases Amount x Case (ml) Aliquots x Case Comments / Additional Information

- Whole Blood
- Buffy Coat
- Serum
- Plasma
- PBMC
- Saliva

Other (please specify)

Whole Blood Specifics

EDTA Purple Top Heparin Green Top SST Other

Solid Organs/Tissues





Appendix Brain Breast Bladder Cervix Esophagus Small Intestine Colon/Rectum Kidney Liver

Lung L. Nodes Nasal Cavity Oral Cavity Ovary Pancreas Pituitary Prostate Salivary Glands Skin

Stomach Spleen Testis Thyroid Tongue Uterus Vagina

Additional Information (organs, pathology, staging, molecular diagnoses)

Solid Biospecimen Information

<i>Solid Tissue Type</i>	<i># of Cases</i>	<i>Weight x Case (mg)</i>	<i>Slides x Case</i>	<i>Comments / Additional Information</i>
Viable				
Fresh Frozen				
Formalin Fixed				
Paraffin Embedded				
Other (Please specify)				

LONGITUDINAL TISSUE COLLECTION

Solid Biospecimen Information

Comments / Additional Information

of Time Points

Interval (days)

of cases

Fluid Biospecimen Information

Comments / Additional Information

of Time Points

Interval (days)

of cases

OTHER GENERAL COMMENTS

STUDY COORDINATOR INFORMATION

Name

Email

Phone

For BTTSR personnel use only

Approvals

Biorepository Manager Date

Sharmeela Kaushal, PhD

BTTSR Director Date

Alfredo A. Molinolo, MD, PhD

APPROVED PROJECT ID

Start Date

End Date