

REQUEST FOR FRESH SOLID TISSUE PROSPECTIVE  
ACQUISITION FOR CLINICAL TRIALS

BIOREPOSITORY and TISSUE TECHNOLOGY SHARED RESOURCE (BTTSR)

Request Date

Approved/Final SOP Date

PROJECT TITLE

Name of Principal Investigator/email/Phone number/Office location

IRB# if available

INDEX #  
if  
available

DEPARTMENT

FUND MANAGER/email/Phone

CLINICAL COORDINATOR/email/  
Phone/Pager

PROJECT MANAGER/email/  
Phone

**SERVICE REQUESTED:** FRESH SOLID TISSUE PROSPECTIVE ACQUISITION **Recharge Rate:** \$120.00/CASE (MCC Member)  
\$170.00/CASE (non-MCC Member)

**TISSUE REQUIREMENTS:**

MCC MEMBER

TISSUE/ORGAN  
TYPE:

SPECIFIC  
DIAGNOSIS/  
TYPE OF  
MALIGNANCY:

LONGITUDINAL  
COLLECTION

# OF TIME  
POINTS

FREQUENCY

BASELINE

# OF CORES/ MINIMUM AMOUNT

FRESH

ON ICE

FROZEN

ON DRY ICE

FLASH FREEZE

SNAP FREEZE

**SPECIFY ADDITIONAL DETAILS OF TISSUE REQUIREMENTS**

<b>TIME POINT #</b>	<b>PROCEDURE</b>	<b># OF CORES/ MINIMUM AMOUNT</b>
---------------------	------------------	---

**SPECIFY DETAILS OF FUTURE TIME POINT TISSUE REQUIRMENTS**

TOTAL # OF  
CASES

TOTAL # OF  
SAMPLES

SPONSOR  
(IF ANY)

BTTSR STAFF -  
RECEIVED BY:

DATE

**SUBMIT COMPLETED FORM TO: [emasmila@ucsd.edu](mailto:emasmila@ucsd.edu) and cc:[skaushal@ucsd.edu](mailto:skaushal@ucsd.edu); [kaj014@ucsd.edu](mailto:kaj014@ucsd.edu)**

**APPROVED BY**

**SHARMEELA KAUSHAL, PhD**

**APPROVED DATE**

**EDGAR MASMILA, PA (ASCP)**

**KARRA JONES, MD, PhD**

**ALFREDO MOLINOLO, MD, PhD**

**APPROVED BY**

**CENTRAL SCREENING COMMITTEE IF INDICATED**

**DATE**

**DISEASE GROUP COMMITTEE IF INDICATED**