

**LASER CAPTURE MICROSCOPY**  
**REQUEST FORM**

REQUESTER NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ PHONE EXT: \_\_\_\_\_  
KIMMEL CANCER CENTER MEMBER: \_\_\_ YES \_\_\_ NO  
KCC Program \_\_\_\_\_

PATHOLOGY DEPARTMENT CONTACT PERSON: \_\_\_\_\_

IRB APPROVAL: \_\_\_ YES (REQUIRED FOR HUMAN TISSUE) \_\_\_ NO

NEOPLASTIC \_\_\_ NON-NEOPLASTIC \_\_\_

TUMOR TYPE: \_\_\_\_\_

TISSUE TYPE: \_\_\_ FRESH \_\_\_ FROZEN  
\_\_\_ ARCHIVAL PARAFIN EMBEDDED  
\_\_\_ TUMOR BANK  
\_\_\_ OTHER (CELL CULTURE, ANIMAL TISSUE, ETC)

STUDY METHOD: \_\_\_ DNA \_\_\_ RNA  
\_\_\_ PCR \_\_\_ PROTEIN  
\_\_\_ IN SITU HIBRIDIZATION  
\_\_\_ OTHER \_\_\_\_\_

BRIEF DESCRIPTION OF STUDY/GOALS: \_\_\_\_\_

TIME FRAME OF STUDY: \_\_\_\_\_

GRANT OR DEPARTMENTAL CHARGE CODE: \_\_\_\_\_