



TJU Tissue Procurement Facility Request Form

INSTRUCTIONS
1. Print and complete this form.
2. Fax the form to 923-6039
3. You will be contacted by the Tissue Procurement Facility after your request has been reviewed and approved.
Telephone: 5-5841 or 5-4772.

Date (mm/dd/yy):

P.I.:

Name:

Department:

*office
address:*

*office
phone:*

Beeper:

FAX:

E-mail:

*KCC
member:* (circle) Yes No

Contact in my laboratory:

Name:

*office
phone:*

FAX:

E-mail:

My Proposal

1. Specific Aims:

2. Experimental Design:

3. Handling of specimens in my experiment:

My contact in Pathology:

Is the technology to carry out the above project established?

(circle) Yes No

IRB approval?

(circle) Yes No

Inst. Biosafety Comm. approval, BL2 level?

(circle) Yes No

I need the following material:

If a particular stored tissue specimen has been identified, please enter the tumor bank and surgical pathology numbers below:

tumor bank number:

surgical or anatomical pathology number (ex: S97-11302) :

Otherwise, please indicate the precise nature of material requested.

Please indicate how you wish the material to be handled:

Quantity of material approved:
