

A new form must be filled out for each individual Core ID. For example, if 3 samples are requested, each with a different Core ID, there must be 3 forms filled; one for each Core ID.

INVESTIGATOR DATA (To Whom Tissue Was Released)

Investigator Name:

Last First Degree

Investigator Title:

Street Address:

Room/Bldg.:

Department:

City:

State: Zipcode:

Mail Code :

SIU School of Medicine Southern Illinois University

Phone: -- Fax: --

Email:

Laboratory Contact Name:

Last First

Phone: -- Fax: --

Email:

None Provided:

Shipping Address (if different from above) Not Applicable

Street Address:

Room/Bldg.:

Department:

City:

State: Zipcode:

Attention:

Last First

Signed Data Use Agreement Attached: Yes No (If NO, the specimen(s) cannot be released.)

Has Identified Data been requested? Yes No (If YES, documentation of IRB approval is required.)

IRB Approval Attached Yes No **IRB Protocol Number:**

Title of IRB Approved Protocol: _____

Signed Release Approval from the SCI Tissue Bank Committee: Yes No

(Note: Specimens cannot be released without a signed application approval and data cannot be released without an approved application and an IRB approval.)

SPECIMEN DATA Core ID

A)

Malignant/ Diseased Tissue Not Requested Unavailable

Specimen ID

Fresh Formalin Fixed Snap Frozen Other, please specify _____

Weight mg Weight Unavailable/ Not requested

Specimen Location Room Number

Slide Storage

Other, Please Specify: _____

Liquid Nitrogen Bank

Shelf Rack

Box Number Row Column/ Position

SCI 08-002

DATE (mm-dd-yyyy)

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Tissue Release

PAGE 4 of

D)

Serum Not Requested Unavailable

Specimen ID

Volume (CC) Fresh frozen Other, Please Specify:

Specimen Location Room Number

-80 °C freezer Other, Please Specify: _____

Shelf Rack
Box Number Row Column/ Position

E)

Whole Blood Not Requested Unavailable

Specimen ID

Volume (CC) Fresh frozen Other, Please Specify: _____

Specimen Location Room Number

-80 °C freezer Other, Please Specify: _____

Shelf Rack
Box Number Row Column/ Position

Additional Comments:

