SCI 08-002	DATE of TISSUE RELEASE (mm-dd-yyyy) ☐☐-☐☐-☐☐☐☐	**Specimen Release Information** Request ID: ☐☐☐☐☐☐☐☐☐

INVESTIGATOR DATA (To Whom Tissue Was Released)

Investigator Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Last **First** **Degree**

Phone: ☐☐☐-☐☐☐-☐☐☐☐ **Released in Person** ☐ **Shipped** ☐

SPECIMEN DATA

Core ID ☐☐☐☐☐☐☐☐☐☐ **Matched Set** ☐ Yes ☐ No

Gender ☐ Male ☐ Female **Age** (If requested) ☐☐ **Tissue Site:** ☐☐☐☐☐☐☐☐☐

Race ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A) ☐ Malignant/ Diseased Tissue ☐ Not Requested ☐ Unavailable

Specimen ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Weight ☐☐☐☐ mg ☐ Weight Unavailable

☐ Fresh ☐ Formalin Fixed ☐ Liquid Nitrogen ☐ Other, please specify ________________

☐ Pathology Report requested and attached

☐ Prior treatment information requested and attached.

B) ☐ Peri-normal Tissue ☐ Not Requested ☐ Unavailable

Specimen ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Weight ☐☐☐☐ mg ☐ Weight Unavailable

☐ Fresh ☐ Formalin Fixed ☐ Liquid Nitrogen ☐ Other, please specify ________________

☐ Pathology Report requested and attached

☐ Prior treatment information requested and attached.

C) ☐ True Normal Tissue ☐ Not Requested ☐ Unavailable

Specimen ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Weight ☐☐☐☐ mg ☐ Weight Unavailable

☐ Fresh ☐ Formalin Fixed ☐ Liquid Nitrogen ☐ Other, please specify: _____

☐ Pathology Report requested and attached

☐ Prior treatment information requested and attached.

D) ☐ Serum ☐ Not Requested ☐ Unavailable

Specimen ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Volume ☐☐☐☐ cc ☐ -80˚C freezer ☐ Other, Please Specify: _____

☐ Pathology Report requested and attached

☐ Prior treatment information requested and attached.

E) ☐ Whole Blood ☐ Not Requested ☐ Unavailable

Specimen ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Volume ☐☐☐☐ cc ☐ -80˚C freezer ☐ Other, Please Specify: _____

☐ Pathology Report requested and attached

☐ Prior treatment information requested and attached.

Additional Comments:

_____

_____

BILLING

Account Number: ☐☐☐☐☐☐☐☐☐☐☐

Account Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last **First**

Shipped by Courier ☐ Yes ☐ No

Courier Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐