

REQUEST INFORMATION FORM

If requesting specimens from more than one specific anatomic site or disease, please complete separate copies of this form, the Request Donor Details form and the accompanying Preparation Details form. Please be specific about your requirements, including those for storing and handling tissue samples from the time the specimens are collected until they are delivered to your lab (i.e. transport media, refrigeration status, etc.).

REQUEST INFORMATION: BIOSPECIMEN TYPE

Please check the appropriate tissue type below and complete the details for the biospecimen type requested. **(If submitting more than one request, complete a separate copy of this form for EACH request.)**

- | | |
|---|---|
| <input type="checkbox"/> Malignant Neoplasm | <input type="checkbox"/> Benign Neoplasm |
| <input type="checkbox"/> Normal Biospecimen | <input type="checkbox"/> Non-Neoplastic Disease |
| <input type="checkbox"/> Any Biospecimen | |

Primary Organ Site: _____ Diagnosis Type(s): _____

Total number of donors requested: _____

If requesting **MALIGNANT**, **BENIGN** neoplasm, or **DISEASED** solid tissue please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Primary Tumor (<i>if malignant</i>) or Diseased Tissue | <input type="checkbox"/> Required or <input type="checkbox"/> If available |
| <input type="checkbox"/> Metastatic Tumor (<i>applicable for malignant requests only</i>) | <input type="checkbox"/> Required or <input type="checkbox"/> If available |
| <input type="checkbox"/> Matching Grossly Uninvolved Tissue | <input type="checkbox"/> Required or <input type="checkbox"/> If available |
| <input type="checkbox"/> Matching Tissue Other Site (Site: _____) | <input type="checkbox"/> Required or <input type="checkbox"/> If available |

If requesting **FLUID** biospecimens:

- Body Fluid Type: _____ Required or If available

If requesting **NORMAL** biospecimen, please check all that apply:

- Normal from healthy donors with no significant medical condition is acceptable: Yes No
- Normal or grossly uninvolved from donors with non-neoplastic disease is acceptable: Yes No
- Normal or grossly uninvolved from donors with cancer or a history of cancer is acceptable: Yes No

REQUEST INFORMATION: DONOR DETAILS

Donor Demographics:

Gender: Male Female Transgender F to M Transgender M to F Any

Race:

Ethnicity:

Age Range 1: Minimum: Maximum:

Age Range 2: Minimum: Maximum:

Donor History:

Standard Information provided at no additional cost includes age, gender, race, and the final pathology diagnosis (typically a copy of the final pathology report) or CHTN QA assessment where applicable. Any requests for additional information, including prior therapy questions below, require prior CHTN approval and will incur an additional fee for Chart Review. Availability and completeness of clinical information is not guaranteed.

Additional Chart Review Required: Yes No

Review Information Requested:

Accept tissue from patients who have had prior chemotherapy:

Yes No Unknown treatment status is acceptable

If YES, please check the following options:

Yes, for different disease

Yes, for prior presentation of this disease

Yes, with neoadjuvant treatment for this procedure

Accept tissue from patients who have had prior radiation therapy:

Yes No Unknown Treatment status is acceptable

If YES, please check the following options:

Yes, for different disease

Yes, for prior presentation of this disease

Yes, with neoadjuvant treatment for this procedure

Procedure Type (check all that apply):

Surgery – Post Excision Time: Time Not Applicable

Autopsy – Post Mortem Time: Time Not Applicable

Transplant – Post Transplant Time: Time Not Applicable

Phlebotomy – Post Phlebotomy Time: Time Not Applicable

Please indicate the order of priority (1 being the highest priority) of the preparation type if you are requesting more than one preparation type for the same tissue specimen.

REQUEST INFORMATION: PREPARATION DETAILS

FRESH PREP TYPE

Required If available Preparation priority (See above note):

Standard Fresh Preps: RPMI DMEM Dry PBS Saline RNALater

Slides-Touch preps (# req'd) Other

Investigator Supplied Media (Name of Media:) **MSDS SHEET IS REQUIRED**

Additional Media Supplements (type and concentration)

Antibiotics (100 µg/mL Penicillin and 100 µg/mL Streptomycin) Fetal Bovine Serum 10%

Antimycotic Fungizone (2.5 µg/mL Amphotericin B)

Note: If other additives are requested, please contact your divisional coordinator.

Biospecimen size: Minimum Weight: Maximum Weight:

Minimum Dimensions: L H W

Minimum Volume (fluids): mL µL

FROZEN PREP TYPE

Required If available Preparation priority (See above note):

Standard Freezing Methods: LN2 vapor phase Immersed in LN2 liquid OCT

Non-standard Freezing Methods: Frz -20 Frz -80 Frz in isopentane Dry Ice

Scroll/Ribbon Macrodissection Other

Slides: H&E slides (#req'd) Frozen sections (#req'd)

Touch prep slides (#req'd)

Biospecimen size: Minimum Weight: Maximum Weight:

Minimum Dimensions: L H W

Minimum Volume (fluids): mL µL

FIXED PREP TYPE

Required If available Preparation priority (See above note):

Fixation Methods: Paraffin Block (Formalin 10%) Floating in Formalin Scroll/Ribbon

Slides: H&E slides (#req'd) Unstained slides (#req'd)

Touch prep slides (#req'd) Other

Biospecimen size: Minimum Weight: Maximum Weight:

Minimum Dimensions: L H W

SHIPPING

Target # of Specimens in a shipment:

Saturday delivery: Yes No If notified

Shipping Instructions: Frozen: Dry ice Ice pack

Refrigerated: Wet ice Cold pack

Non-refrigerated: Ambient temperature

Shipping Choices: Ship day of procurement to arrive next day (standard for fresh shipments)

Standard overnight shipment Investigator pickup same day as procured