

UW SDRC ECPC Human Tissue Processing Request Form

Date of Request: _____ PI: _____ Dept: _____
Co-PI: _____ Dept: _____

Requester Information

Name: _____ Department: _____
E-mail: _____ Phone: _____

Accounting # (For billing purposes):

Fund:	Dept:	Prog:	Proj:	Code:
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Please fill out one request form per tissue type

*If this request is for >10 slides of one tissue type or you are requesting PHI, you must provide a copy of your IRB-approved protocol below. IRB approval not required for ≤10 de-identified slides of each tissue, but scientific rationale for tissue request is then required.

Tissue Sample: _____ Source: _____
Quantity: _____ Tissue Type: <input type="checkbox"/> Formalin fixed <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Paraffin-embedded
Description (circle one): Normal Tumor Metastasis Other: _____
Process and embed: _____ (qty) Special Instructions: _____
<input type="checkbox"/> Unstained Slides: # _____ cut @ _____ μm
<input type="checkbox"/> H&E Stained Slides: # _____ cut @ _____ μm
<input type="checkbox"/> Specialty Stain Slides: # _____ cut @ _____ μm (Specify stain: _____)
<input type="checkbox"/> Specialty Stain Slides: # _____ cut @ _____ μm (Specify stain: _____)
<input type="checkbox"/> Tube (Molecular Studies): # _____ cut @ _____ μm
Special Instructions: _____ _____

*HSC IRB Study Protocol #: _____ Protocol expiration date: _____

Scientific rationale for pilot projects (≤10 de-identified samples): Please detail the scientific rationale behind the tissue request. Include the name of the exploratory or feasibility testing and how the tissue will be used.

Certification of Usage: I verify that the tissue requested will only be used for purposes described above or in the IRB approved protocol provided. I also certify that research personnel involved in the project have completed the required human subjects training. By signing, I further agree to provide follow-up on the use of these specimens, including in grant proposals, publications and presentations and will acknowledge support for these services received from UW SDRC via NIH/NIAMS grant (P30 AR066524)

Investigator signature: _____ **Date:** _____

Co-Investigator signature: _____ **Date:** _____

Please fax completed form to 608-263-5223 or email to sdrc@dermatology.wisc.edu

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____