

UWSDRC ECPC Tissue Request Form

Date of Request: _____

Investigator Information

Name: _____

Department: _____

E-mail: _____

Phone: _____

Accounting # (For billing purposes):

Fund:	Dept:	Prog:	Proj:	
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Tissue Information (If you are requesting more than 3 types of tissue, please fill out an additional form)

*If 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. Provide rationale below.

<p>Tissue: _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>	<p>Tissue: _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>	<p>Tissue: _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>
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*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 services received from UWSDRC.

Investigator signature: _____

Date: _____

Please email completed form to sdrc@dermatology.wisc.edu.

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____