

MBTB REQUEST FORM FOR TISSUE/TECHNICAL PROCEDURES

Date of request: _____ Lab/Contact person: _____

Phone: _____ Email (if requesting associated clinical info): _____

Project Title: _____

FOAP/Budget #: _____ PI Signature: _____

A. Material Requested:

- _____ Tissue supplied by requestor
- _____ Frozen
- _____ Paraffin
- _____ TMA

Number of tissues/slides supplied: _____

Number of cases requested: _____

Criteria for case selection: _____

Tissue to be used for:

- _____ RNA extraction
- _____ DNA extraction
- _____ Protein extraction
- _____ ISH
- _____ IHC
- _____ H&E stain
- _____ Other: _____

B. Procedure Requested:

- _____ Tissue processing and paraffin embedding – Specimen Orientation: _____
- _____ Paraffin sections cut
- _____ Frozen sections cut
- _____ H&E stain
- _____ IHC - Antibody provided: Yes or No _____
- _____ ISH
- _____ Other: _____

Additional Procedure Specifications: _____

C. Clinical information requested:

Authorization: _____

Date: _____

Work order #	MBTB NOTES
	_____ _____ _____ _____ Total Tech Time: _____