



Biospecimen Bank
 Biological Sciences Division
 The University of Chicago
www.pathcore.bsd.uchicago.edu
tissue-bank@listhost.uchicago.edu



Principal Investigator: _____

Contact information: _____

Department: _____ Division: _____

Title of Protocol: _____

*IRB Protocol Number: _____ IRB Approval Date: _____

HTRC Laboratory Instructions and Service Request:

Expected number of samples for entire project: _____

For solid tissue, please provide the following details:

Organ(s): _____

■ Number of **OCT Frozen**:
 Tumor/Diseased _____
 Normal _____

■ Number of **Snap Frozen**:
 Tumor/Diseased _____
 Normal _____

■ Number of **Formalin Fixed Paraffin Embedded**:
 Tumor/Diseased _____
 Normal _____

**Is this request for de-identified tissue? _____ Yes or No

Will you or your staff be obtaining patient consent? _____ Yes or No

Is this a clinical trial? _____ Yes or No

***Price List:	
Simple Banking*	\$11/sample
Standard Banking*	\$15/sample
Complex Banking*	\$20/sample
*For a description of banking, please see the pathcore website.	

 Principal Investigator Date

***Please provide an electronic copy of the IRB approval letter and IRB protocol to tissue-bank@listhost.uchicago.edu.**
****De-identified tissue is provided with a pathology report, gender, age, and race. No PHI is given.**
*****All costs reflect reagent costs, tech time, service contracts and other miscellaneous supply costs**