National Cancer Institute

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Biospecimen Request Form

Please complete the following form and save to your computer using this format: "LastName-RequestForm.pdf". Submit this completed form to srp@imsweb.com with the 1-2 page summary of your request.

Principal Investigator _____

Email address _____

Phone number _____

Title of Study _____

Funding Agency _____

Grant Number (if available) _____

Date of Request _____ **(DD MM YY)**

CheckifTissue Microarray requested -- available TMAs: ☐ **Pancreatic cancer**

ICD-O-3 Topography Code(s):_____ **ICD-O-3 Morphology Code(s):** _____

Requested Case Data Items (Check all that apply):

☐ **Race**

☐ **Gender**

☐ **Age at Diagnosis** **Specify age ranges (if applicable)**_____ **Not Applicable** ☐

☐ **Year of diagnosis** **Specify year ranges (if applicable)**_____ **Not Applicable** ☐

Other Requested Data Items (e.g., Stage, Grade, Behavior)

Rationale for requesting population-based specimens

Brief summary of study hypothesis, goals, and objectives

Type of histopathologic materials requested (check all that apply):

Tissue Blocks ☐ **Stained Slides** ☐ **Unstained Slides** ☐ **TMA** ☐ **Other (specify):**_____