

REQUEST FOR COLLECTION OF SPECIMENS
Tissue Procurement Facility at UNC LCCC

Date Requested Principal Investigator Title

Department CB# Telephone #

Email PID LCCC Member

If Yes, Peer Reviewed? Cancer Center Program

Chart Field Funding Source

If Other, please list

Study Acronyms (Please list all)

Study Title

Target Accrual Approximate length of study Possible start date

IRB # (Study #) Approved by if not UNC IRB

CRA	Name	<input type="text"/>	Tel	<input type="text"/>	Email	<input type="text"/>
Nurse Coordinator	Name	<input type="text"/>	Tel	<input type="text"/>	Email	<input type="text"/>
Accounting Manager	Name	<input type="text"/>	Tel	<input type="text"/>	Email	<input type="text"/>

Please fill out the above required fields and try to fill the bottom if you can

Solid sample:

Tissue type Procedure Type

Number of time points

Comment:

Liquid sample:

Sample type

Number of time points

Comment:

Other sample:

Type of sample

Number of time points

Notes: