YPTS
Yale Pathology Tissue Services

Tissue Procurement & Distribution Facility
Department of Pathology, BML 112
310 Cedar Street, New Haven, CT
Email: tpd@yale.edu

IMPORTANT: Adobe Reader or Adobe Acrobat is Required for proper Viewing and Saving of the information you enter on this PDF form.

Tissue Procurement & Distribution Request Form

RETURN COMPLETED FORM via email to: tpd@yale.edu

Date _____

REQUESTOR

Name _____

Title _____

Phone (cell): _____ (Lab): _____

Email _____

PI (name and title) _____

CONTACT PERSON if different (e.g., for pick-up)

Name _____

Title _____

Phone (cell): _____ (Lab): _____

Email _____

PI (name and title) _____

Project Charging: ☐ PTAEO Number _____ • _____ • _____ • 833630 • _____
P T A E O

NOTE: FOR BEST SERVICE COMPLETE ENTIRE FORM

Patient Consent obtained for this specific protocol: ☐ YES ☐ NO

Tissue Type: ☐ Autopsy ☐ Surgical

Post Mortem Interval
Post mortem interval should be within:
- ☐ 10 hours
- ☐ 24 hours
- ☐ 48 hours
- ☐ 72 hours

Ischemic Time
Time specimen is removed from patient to time tissue is frozen or fixed should be within:
- ☐ 1 hour
- ☐ 2 hours
- ☐ 5 hours
- ☐ overnight in fridge

Tissue Site: _____

Diagnosis:

Normal Tissue from same organ is required: ☐ YES ☐ NO

Greatest dimension of tissue requested:
- ☐ 5 mm
- ☐ 10 mm
- ☐ 20 mm or larger

Preferred processing methods:	Snap-Frozen in Liquid Nitrogen	Snap-Frozen as OCT block	Keep Fresh Tissue in RPMI Medium	Formalin-Fixed	RNA Later	Glutaraldehyde
Number of samples required:						

Is the request for fresh or frozen tissue from more than 3 patients? ☐ YES ☐ NO

If YES, please state the following in 2-3 sentences:

Purpose of this study:

Clinical significance of this study: