

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

Tissue Request Form

Tissue Procurement & Distribution (TPD Service)

RETURN COMPLETED 2-PAGE FORM
via email to: tpd@yale.edu

Date _____

REQUESTOR

Name _____
Title _____
Department _____
Phone _____
Email _____
PI (name and title) _____

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

Name _____
Title _____
Department _____
Phone _____
Email _____
PI (name and title) _____

PROJECT CHARGING (please enter COA number)

CO01 • GR _____ • YD _____ • CC _____ • PG _____ • PJ _____ • _____ • FD _____ • (L) • (S)
Grant Yale Desig. Cost Center Program Project Assignee Fund

NOTE: FOR BEST SERVICE COMPLETE ENTIRE FORM (items 1-8 below)

① Patient Consent obtained for this specific protocol: YES NO

② Tissue Type:

Autopsy Surgical Cytology

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

④ Diagnosis:

⑤ Normal Tissue from same organ is required:

YES NO

⑥ Greatest dimension of tissue requested:

5 mm
 10 mm
 20 mm or larger

③ Tissue Site or Cytology Specimen Type: _____

Preferred processing methods:	Snap-Frozen in Liquid Nitrogen	Snap-Frozen as OCT block	Keep Fresh Tissue in RPMI Medium	Formalin-Fixed	RNA Later	Glutaraldehyde
⑦ Number of samples required:						

Continued — please complete items on Page 2

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8 Is the request for fresh or frozen tissue from 4 or more patients? YES NO

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

Purpose of this study:

Clinical significance of this study:

If NO, please complete the following Mini SOP.

Tissue Request Mini SOP

Specimen of interest (3 or fewer cases).

Reviewed by:

Principal Investigator (Name)	Date	Signature
Yalai Bai, MD		
Research Scientist Technical Director, Tissue Procurement and Distribution Facility (TPD)	Date	Signature
Pathology Division Director (Name)	Date	Signature
Anita Huttner, MD		
Associate Professor of Pathology Associate Director, Yale Pathology Tissue Services (YPTS)	Date	Signature