

## Specimen Request Form OHSU BioLibrary

<b>Institution:</b>	
<b>Contact name:</b>	
<b>Contact phone:</b>	
<b>Contact email:</b>	
<b>Delivery address:</b>	
<b>Project title:</b> <i>(Internal reference number)</i>	

### Request Criteria

<b>Number of cases:</b>	
<b>Anatomic site:</b>	
<b>Diagnosis:</b>	
<b>Primary or metastasis, or either:</b>	
<b>Specimen type:</b> <i>(FFPE, Fresh Frozen, OCT)</i>	
<b>Planned use:</b> <i>(e.g. TMA, IHC, DNA, etc.)</i>	
<b>Matched normal needed:</b>	
<b>Minimum percent tumor:</b>	
<b>Maximum percent necrosis:</b>	
<b>Format(s) requested:</b> <i>(whole sample, cores, sections)</i>	
<b>For sections:</b> <i>Number of sections, thickness (<math>\mu\text{m}</math>), minimum section area (<math>\text{mm}^2</math>):</i>	
<b>For frozen tissue:</b> <i>Weight (g)</i>	
<b>Other needs:</b>	