Penn State Cancer Institute
Penn State Hershey Medical Center

To: PSCI Tissue Bank, Attn: Dan Beard, M.S., Manager H072

RE: Request to utilize the information and specimens maintained by the tissue bank.

Investigator(s):	Investigator's Phone #: Investigator's E-mail:
Research Project Title:	Time Period of Samples:
Protocol #:	De-Identified Patient Data Requested: Yes No
Type of Tissue or Blood Requested	Date Specimens Needed:

Check the type of information requested:

_____ Tumor tissue x _____ specimens
_____ Normal tissue x _____ specimens
_____ RBC
_____ Buffy Coat
_____ Plasma
_____ Buccal Cell Swab Blots

_____ Pathology Report
_____ Epidemiologic Data
_____ other: _____
_____

Specify how the samples will be used in the research:

Guidelines:

A. No patient identifiers will be supplied. Only link to patient is through tissue bank manager.
B. Please forward any preliminary data to confirm the research methods have been successful in pilot studies.
C. No patient shall be contacted without the approval of the Institutional Review Board (IRB).
D. If information is published, patients shall not be identified.
E. When the material requested results in a publication, please forward a copy to the Tissue Bank and acknowledge their assistance and/or participation.
F. Please click on the link below to download the instructions for requesting tissue:
www.hmc.psu.edu/cancer/research/shared_facilities/tissue_bank/Instructions%20for%20Tissue%20Requests.pdf

Signature of Investigator(s):

_____ _____
Name Date

_____ _____
Name Date

_____ _____
Scientific Director Approval Date

Rev7/27/2006