

RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM

UCI DEPARTMENT OF PATHOLOGY — EXPERIMENTAL TISSUE RESOURCE

USER INFORMATION (ALL sections must be filled in):

Today's Date: _____ Department: _____ Recharge / Account No: _____

Principal Investigator Name: _____ PI's E-mail: _____

CRC or Lab Manager Name: _____ CRC or Manager E-mail: _____

Fiscal Officer Name: _____ CRC or Manager Phone No: _____

Fiscal Officer Phone No.: _____ Fiscal Officer E-mail: _____

End User or Contact Person: _____ End User's E-mail: _____

_____ End User Phone No.: _____

Protocol No / Title of Study: _____

COMPLIANCE INFORMATION (services will NOT be performed without this information):

Do requested services involve use of human tissue? YES NO
 • If YES, attach IRB approval letter. If previously attached, list IRB No. _____

Do requested services involve use of vertebrate animal tissue? YES NO
 • If YES, attach IACUC approval letter. If previously attached, list IACUC No. _____

Indicate end use of this service (check the one that most applies): Research Clinical Teaching

Check here if this is a "RUSH" clinical trials sample (turnaround time is 1-3 calendar days). Please indicate desired turnaround time? _____ day.

Required Authorization Signature (if pre-authorization is required by PI or Department):
 By signing below, you certify that the above information is current and correct, and approve payment against the recharge account or agree to pay for services requested. **Services cannot be provided without the signature of the PI or the FO.**

_____ OR _____

Principal Investigator **Recharge Account Fiscal Officer**

Pathology Core Services Requested

<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<u>Request FFPE Human Tissue Block from Pathology Department Archive</u>			
<input type="checkbox"/> A Archive search by diagnosis (up to 10 blocks) §	NA		_____
<input type="checkbox"/> B Archive search for each additional block or by patient identifier, per block*	_____		_____
<u>Process a Clinical Research Specimen in Pathology Dept., WITH Adequacy check</u>			
<input type="checkbox"/> C Pathologist Assessment of tumor presence and sufficiency for assessment	_____	*****	_____
<u>Process User Supplied Samples without Pathologist Review</u>			
<input type="checkbox"/> D Trim, process, orient, and paraffin embed fixed tissue	_____		_____
<input type="checkbox"/> D1 All of the above, with one H&E (per block)	_____	*****	_____
<input type="checkbox"/> D2 Batch rate (minimum of 10 samples), with one H&E (per block)	_____		_____
<input type="checkbox"/> E Trim and orient frozen tissue in OCT, user supplied frozen specimen	_____		_____
<input type="checkbox"/> F Cut per frozen specimen provided from Bio-repository	_____		_____
<input type="checkbox"/> G Decal Bone specimen	_____		_____

RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM

<u>Histology Service Requested</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<u>Cut Unstained Slide from Tissue Blocks</u>			
<input type="checkbox"/> H Cut first slide (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____		_____
<input type="checkbox"/> H1 Re-cut additional slide, per block	_____		_____
<input type="checkbox"/> H2 Cut tissue into Eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	_____
<input type="checkbox"/> I Cut first frozen section (1 or 2 sections/slide, on Superfrost+ slide) _____#/slide	_____	_____
<input type="checkbox"/> I1 Re-cut additional slide, per block	_____	_____
<input type="checkbox"/> I2 Cut tissue into Eppendorf tube (#curls (1-6) _____, thickness _____µm)	_____	_____
<u>Stain Unstained Slides</u>			
<input type="checkbox"/> J H&E stain	_____		_____
<input type="checkbox"/> K Special histochemical stains (click here for availability: _____)	_____		_____
<u>Immunostain Slides</u> (human tissues only, click here for selection of available antibodies)			
<input type="checkbox"/> L Immunostain slides (Core supplies 1° Ab; click here)			
<input type="checkbox"/> L1 Class A antibody: antibody: _____	_____	_____
<input type="checkbox"/> L2 Class B antibody: antibody: _____	_____	_____
<input type="checkbox"/> L3 Class C antibody: antibody: _____	_____	_____
<input type="checkbox"/> L4 Class D Special antibody: antibody: _____	_____	_____
<input type="checkbox"/> M Immunostain slides (User supplies 1° Ab and unstained slides) ¶	_____		_____
<input type="checkbox"/> N Immunostain optimization (For user supplied antibodies)	_____		_____
<u>Electron Microscopy</u> (contact EM Specialist on page 3 prior to all initial requests)			
<input type="checkbox"/> O Electron microscopy (Full panel of EM)	_____		_____ please inquire for pricing
<input type="checkbox"/> P Embedding and Thick Section/per sample	_____		_____

Bio-Repository Service Requested (UCI 12-11 IRB#2012-8716)

Request Human Tissue Specimens, either Fresh or Frozen - Clinical Trials ONLY

Is the sample from Research Only Biopsy?	YES	NO
Cytopathology Adequacy Check Required during the Biopsy?	YES	NO
Type of report required	Full	Ascertainment

	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
<input type="checkbox"/> Q Fresh tissue / Frozen Inventory / OCT embedded frozen tissue, per specimen			
<input type="checkbox"/> _____	_____		_____
<input type="checkbox"/> _____	_____		_____

Request an Existing FFPE Block to be “Cored” (e.g., - for TMA)

<input type="checkbox"/> R Case and Block Number(s): _____ Core’s Diameter (1, 2, 3mm): _____	_____		_____
--	-------	--	-------

UCI investigators / Subtotal _____

Outside For-profit/Non-profit Total _____ of subtotal _____

For orders not picked-up at UCI or UCIMC:

Shipping (packaging charge \$5 dry, \$25 dry ice, or TBD) (your FedEx # _____) _____

Usual turnaround time is 5-10 working days

§Provide specific information about tissues/diagnoses required up to 10 blocks

*Append list of blocks/cases

¶Double immunostaining available (unit cost is sum of the two antibodies)

‡Indicate specific antibody and conditions/dilutions (optimization may still be needed for core processing)

RESEARCH HISTOLOGY and BIO-REPOSITORY SERVICES REQUEST FORM

If there are more specific instructions, please describes below, and copy your specific instructions with the cover email or fax when submitting this form.

- If special embedding is required, please state exact orientation of the tissue.
- For sections, please include how they should be cut, number of microns between cuts, and whether you want the block completely cut through.
- For electron microscopy, explain what structures need to be photographed and at what magnification.

• **For Questions, other special requests, and complex/custom services, please contact:**

Dr. Rob Edwards	(949-824-8576)	redwards@uci.edu	ETR Director
Jeffrey Kim	(714-456-3389)	jbkim@uci.edu	Research Histotechnologist
Farah Akhtar	(714-456-5022)	fakhtar@uci.edu	Electron Microscopist