

Today's Date	<input type="radio"/> Regular (allow 10 business days) <input type="radio"/> Rush (allow 5 business days) <i>*If requesting cases outside of the allowable business days, a fee will be applied to accommodate your request.</i>	Trial Name <hr/> By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.
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Requestor Name	Requestor Dept.	Patient Name (last, first, middle)	Date of birth (mm/dd/yyyy)
Requestor Phone	Requestor email	Accession #	Medical Record #
Address for shipping	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 5px;"></div>	Date of Surgery	Written consent received date
FedEx account # <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		<i>Your order will not be processed until written consent for participation is received. Please attach copy of written consent with your request.</i>	
Choose one: <input type="radio"/> I certify pathology material is required for this patient to enroll in an interventional treatment-based clinical trial. <input type="radio"/> This study/trial will not affect the current clinical care (chemotherapy, surgery, radiation therapy) of the patient.			

Materials and/or service requested. Please check all that apply.

Pathologist Select best block
 Use preferred block(s): _____ # of blocks to be cut: _____

<input type="checkbox"/> Unstained slides: Count: ____ Thickness: ____µm	<input type="checkbox"/> H&E stained slides: Count: ____ Thickness: ____µm	Label Slides: <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px;"></div>
<input type="checkbox"/> Tubes/scrolls: Count: ____ Thickness: ____µm	<input type="checkbox"/> Core: Count: ____ Diameter ____ mm	Special Instructions: <input type="radio"/> Embed in block <input type="radio"/> Keep in tube

PATHOLOGY USE ONLY First Slide _____ Extra slides _____ H&E _____ Core _____ Box _____ BRPC Fee _____ TOTAL _____	PATHOLOGY USE ONLY Block # _____ Second Choice Block # _____ 1 st approval _____ (sign/date) 2 nd approval _____ (sign/date) <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> PATHOLOGY USE ONLY Notes: </div>
Contact Information path-ClinTrials@duke.edu 919-684-7959 Duke South Green Zone Room 307 919-681-6042	