

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	
		Duke IRB #	Fund Code
		PI Name	

Requestor Name	Requestor Dept.	Patient Name (last, first, middle)	Date of birth (mm/dd/yyyy)
Requestor Phone	Requestor email	Accession #	Medical Record #
By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.		Date of Surgery	Written consent received date
Date picked up:	Signature:	<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:

I certify pathology material is required for this patient to enroll in an interventional treatment-based clinical trial.

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; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></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 _____ Folder _____ BRPC Fee _____ <hr/> TOTAL _____	PATHOLOGY USE ONLY Block # _____ Second Choice Block # _____ 1 st approval _____ (sign/date) 2 nd approval _____ (sign/date) <hr/> PATHOLOGY USE ONLY Notes: _____	Contact Information path-ClinTrials@duke.edu 919-684-7959 <hr/> Duke South Green Zone Room 307 919-681-6042
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*The "BRPC Fee" is comprised of the Pathologist review and facilitating block and slide retrieval