



# Duke Pathology

BioRepository & Precision Pathology Center

**Duke IRB #**

**PI**

**Requestor Name**

**Patient Name**

**MRN**

**Date and Time of Surgery**

**Tissue Type(s) and Size Needed**

Ex. Tumor and Normal, at least 5mm

(Please be as specific as possible here.)

**Processing Requirements**

Ex. Fresh tissue refrigerated in specimen cup

**Notes/Comments**

**Contact for Pickup**

**Fund Code**