

Today's Date	<p align="center">Regular (allow 10 business days)</p> <p align="center">Rush (allow 5 business days)</p> <p align="center"><small>*If requesting cases outside of the allowable business days, a fee will be applied to accommodate your request.</small></p>	<p>Trial Name</p> <hr/> <p><small>By submitting this form, you are acknowledging that you are authorized by the PI of this trial to request materials and/or services.</small></p>
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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		Date of Surgery	Written consent received date
FedEx account #		<small>Your order will not be processed until written consent for participation is received. Please attach copy of written consent with your request.</small>	

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: _____

<p><u>Unstained slides:</u></p> <p>Count: ____</p> <p>Thickness: ____µm</p>	<p><u>H&E stained slides:</u></p> <p>Count: ____</p> <p>Thickness: ____µm</p>	<p><u>Label Slides:</u></p>
<p><u>Tubes/scrolls:</u></p> <p>Count: ____</p> <p>Thickness: ____µm</p>	<p><u>Core:</u></p> <p>Count: ____</p> <p>Diameter ____ mm</p> <p>Embed in block</p> <p>Keep in tube</p>	<p><u>Special Instructions:</u></p>

<p align="center">PATHOLOGY USE ONLY</p> <p>First Slide _____</p> <p>Extra slides _____</p> <p>H&E _____</p> <p>Core _____</p> <p>Box _____</p> <p>BRPC Fee _____</p> <p>TOTAL _____</p>	<p align="center">PATHOLOGY USE ONLY</p> <p>Block # _____ Second Choice Block # _____</p> <p>1st approval _____ (sign/date)</p> <p>2nd approval _____ (sign/date)</p> <hr/> <p align="center">PATHOLOGY USE ONLY</p> <p>Notes:</p>	<p align="center">Contact Information</p> <p>path-ClinTrials@duke.edu 919-684-7959</p> <p>Aubrey Coulas Duke South Green Zone Room 307 919-681-6042</p>
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