

Today's Date	Regular (allow 10 business days)	Trial Name	
	Rush (allow 5 business days)	Duke IRB #	Fund Code
	*If requesting cases outside of the allowable business days, a fee will be applied to accommodate your request.	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:	Your order will not be processed until written consent for participation is received. Please attach copy of written consent with your request.	

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: _____

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

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

*The "BRPC Fee" is comprised of the Pathologist review and facilitating block and slide retrieval