

Today's Date	Regular (<i>allow 10 business days</i>) Rush (<i>additional charge applies</i>)	Trial Name 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 (<i>last, first, middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)
Requestor Phone	Requestor email	Accession #	Medical Record #
Address for shipping		FedEx account #	Date of Surgery
		<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: _____

<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>

PATHOLOGY USE ONLY First Slide _____ Extra slides _____ H&E _____ Core _____ Box _____ BRPC Fee _____ TOTAL _____	<table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> PATHOLOGY USE ONLY Block # _____ Second Choice Block # _____ 1st approval _____ (sign/date) 2nd approval _____ (sign/date) </td> <td style="width:40%; padding: 5px; vertical-align: top;"> Bottom H&E not required from clinical block </td> </tr> <tr> <td style="padding: 5px;"> PATHOLOGY USE ONLY Notes: _____ </td> <td style="padding: 5px;"> Contact Information Melissa Flowers Duke South Green Zone Rm 334 path-ClinTrials@duke.edu 919-684-7959 </td> </tr> </table>	PATHOLOGY USE ONLY Block # _____ Second Choice Block # _____ 1 st approval _____ (sign/date) 2 nd approval _____ (sign/date)	Bottom H&E not required from clinical block	PATHOLOGY USE ONLY Notes: _____	Contact Information Melissa Flowers Duke South Green Zone Rm 334 path-ClinTrials@duke.edu 919-684-7959
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