

Today's Date	Regular (<i>allow 10 business days</i>) Rush (<i>additional charge applies</i>)	Trial Name <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Duke IRB #</td> <td style="width:50%;">Fund Code</td> </tr> <tr> <td colspan="2">PI Name</td> </tr> </table>	Duke IRB #	Fund Code	PI Name	
Duke IRB #	Fund Code					
PI Name						

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 #
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>	
<p>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.</p>			

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>PATHOLOGY USE ONLY</p> <p>First Slide _____</p> <p>Extra slides _____</p> <p>H&E _____</p> <p>Core _____</p> <p>Box _____</p> <p>Folder _____</p> <p>BRPC Fee _____</p> <hr/> <p>TOTAL _____</p>	<p>PATHOLOGY USE ONLY</p> <p>Block # _____ Second Choice Block # _____ Bottom H&E not required from clinical block</p> <p>1st approval _____ (sign/date)</p> <p>2nd approval _____ (sign/date)</p> <hr/> <p>PATHOLOGY USE ONLY</p> <p>Notes:</p>	<p><u>Contact Information</u></p> <p>Melissa Flowers Duke South Green Zone Rm 334 path-ClinTrials@duke.edu 919-684-7959</p>
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*The "BRPC Fee" is comprised of the Pathologist review (\$37.50) and facilitating block and slide retrieval (\$16.25)