UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER
APPLICATION FOR ENROLLMENT IN THE
TISSUE PROCUREMENT CORE

Name and Degree(s) of Principal Investigator: ____________________________
Office Address (including campus zip/box no.): __________________________
Laboratory Address: __________________________________________________
Phone: __________ FAX number: __________ e-mail address: ________________
Are you a member of the Comprehensive Cancer Center? ________________

Title of Project:
(If there is a specific peer-reviewed, funded project for which this tissue will be utilized, please provide grant number:)
______________________________________________________________

Contact Person for collection: ____________________________ Phone/pager: __________

Tissue Requirements:
(a) Organ(s) or Site(s): _____________________________________________
(b) Type of Tissue (neoplastic, normal, both, other): ______________________
(c) Is there a minimum amount of tissue required per specimen (approximate size or weight)?
   Note: If the minimum amount is not available from a given specimen, tissue will not be procured. Therefore, please be as specific as possible, rather than requesting “as much as possible”.
   ______________________________________________________________________
(d) Any special patient characteristics (age, sex, etc.) or limiting characteristics:
   ______________________________________________________________________
(e) Mode of procurement and collection: snap frozen in tube, frozen in OCT, fresh in tube, fresh in media, in RNALater, other (please be as specific as possible). Note: Confirmation with the Tissue Procurement Core technologist (see below) after Approval for Services is issued is required.
   ______________________________________________________________________
(f) Total number of specimens desired: ________________________________
(g) Desired duration of collection: ________________________________
(h) Do you require a copy of the pathology report corresponding to the procured tissue? _________
(i) Do you require being able to identify the patient whom the tissue was derived? ________________

I have read the attached Tissue Procurement Core Frequently Asked Questions and agree to comply with the guidelines as stated there:

Signature: ____________________________ Date: ____________________________

Submit this application to: Thomas J. Giordano, M.D., Ph.D.
Department of Pathology
2G332 University Hospital, Box 0054.

Notification of approval (“Approval for Services of the Tissue Procurement Core”) will be provided as soon as possible. Procurement of tissue samples cannot begin until IRB approval is obtained and a copy provided to the above address.

Questions regarding tissue procurement should be directed to the TissueProcurement Core technologist (Enola Cushenberry, 4-8025, page 8952, cushenbe@umich.edu) or to Dr. Giordano at giordano@umich.edu. Approval is subject to renewal.

TPC/9/98