



Tissue Microarray Request Form

1. Principal Investigator  
Name: \_\_\_\_\_
  
2. Membership in Cancer Center  
Program(s): \_\_\_\_\_
  
3. Project Title: \_\_\_\_\_
  
4. IRB Approval  
Number: \_\_\_\_\_
  
5. Tissue Microarray(s) requested and No. of each (\$71.82  
each) \_\_\_\_\_  
\_\_\_\_\_
  
6. Briefly describe intended use of TMAs, including Antibodies and/or In Situ Hybridization Probes to be used (250 words or less).
  
7. Briefly highlight how the intended studies and likely results will advance on prior published findings in the literature, including authors/titles of selected publications from the literature (250 words or less).
  
8. Describe prior work with antibody reagents and/or ISH probes pursued on formalin-fixed and paraffin-embedded tissues to demonstrate specificity and sensitivity of reagents and approaches to be used (inclusion of a .pdf documenting results is strongly suggested).
  
9. If TMAs are provided for your studies, you are in agreement that any abstract and/or manuscript that contains data from the TMAs will be reviewed by the pathologist who prepared the arrays for potential inclusion of that individual as an author on the abstract and/or manuscripts.

**I have read and agree to comply with the guidelines as stated here:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_