



Division of Surgical Oncology Biorepository
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BIOSPECIMEN REQUEST FORM

PI Date

Contact Phone Email

Affiliation

IRB Number PI/Sponsor

Project Title

Disease

Is this an IRB approved study? ☐ Yes ☐ No If No, Do you need IRB Support? ☐ Yes ☐ No

Summary of Aims and Research Plan,

REQUESTS

Blood and Bodily Fluids

of Cases Aliquots x Case

Comments / Additional Information

☐ Whole Blood		
☐ Buffy Coat		
☐ Serum		
☐ Plasma		
☐ PBMC		

Other (Please specify)

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Whole Blood Specifics

☐ EDTA Purple Top	☐ Heparin Green Top	☐ SST Other	
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Target Organ / Tissues

☐	Appendix	☐	Lymph Node
☐	Peritoneum	☐	Pancreas
☐	Breast	☐	Thyroid
☐	Bowel	☐	Parathyroid
☐	Esophagus	☐	Stomach
☐	Small Intestine	☐	Spleen
☐	Colon-Rectum	☐	Adrenal
☐	Kidney	☐	Sarcoma
☐	Liver		

Other (Please specify)

Additional Information (Specific Pathology, Staging, Molecular Diagnoses)

Solid Biospecimen Information

Solid Tissue Type	# of Cases	Weight x Case (mg)	Slides x Case	Comments / Additional Information
☐ Viable				
☐ Fresh Frozen				
☐ Formalin Fixed				
☐ Paraffin Embedded				
Other (Please specify)				

GENERAL COMMENTS



LONGITUDINAL TISSUE COLLECTION

Solid Biospecimen Information

Comments / Additional Information

of Time Points

Interval (days)

of Cases

Fluid Biospecimen Information

Comments / Additional Information

of Time Points

Interval (days)

of Cases

LONGITUDINAL COLLECTION GENERAL COMMENTS

Coordinator Name

Coordinator Email

Coordinator Phone

For UofL DoS personnel use only

Approvals

Biorepository Manager

Danial A. Malik, MPH, MSBA

Date

UofL DoS Biorepository Director

Robert C G. Martin II M.D., Ph.D.

Date

APPROVED PROJECT ID

Start Date

End Date