

**Tissue Procurement Facility
Drexel University College of Medicine
Application for Specimens
Research Using Human Samples**

Date: _____

Name of Principal Investigator: _____

Office Address: _____ **Room #:** _____

Telephone #: _____ **Fax #:** _____

E-Mail Address: _____

Title of Project: _____

Tissue Requirements:

Organ(s) or Site(s): _____

Type of Tissue (neoplastic, normal, both): _____

Minimum amount of tissue required (size or weight): _____

Mode of procurement (fresh, frozen, in medium): _____

Total number of specimens needed: _____

Do you require a copy of the pathology report corresponding to the procured tissue?

Yes: _____ **No:** _____

Special conditions: _____

• Acquisition of tissue samples cannot begin until IRB approval is obtained.

IRB approval #: _____ **Date of IRB approval:** _____

• **Submit this application, a copy of your IRB application, and your IRB approval letter to: Michael Baldassari, Dept of Pathology, 245 N 15th Street, New College Building, Philadelphia, PA 19102 or fax to: 215/762-3274.**

• **Questions regarding tissue procurement should be directed to: Michael Baldassari (phone: 215/762-7151; fax: 215/762-3274; University pager: #41839; or outside pager: 215/762-7243 #41839; or sent by e-mail to Michael.Baldassari@DrexelMed.edu**

I understand the rules and regulations for the Tissue Procurement Facility and agree to comply with the guidelines as stated by the IRB.

Signature: _____ **Date:** _____

For Office Use Only

Date received: _____ **Date approved:** _____ **Assigned project #:** _____