

Multidisciplinary Gynecologic Cancer Translational Research Tumor Bank

Request for Tissue

Date of Request: _____

Principal Investigator Requesting Tissue (Please type or print name)

Collaborator(s) (Please type or print name)

Email _____ Phone _____

Will this tissue or its derivatives (RNA/DNA/protein) be used by a commercial entity conducting research? YES NO

If yes, what is the name of the company _____

Protocol ID #:

MTA #:

Brief description of project:

Type and approximate number of samples needed

Will you be extracting RNA from this tissue? YES NO

Contact Person Name & Phone _____

Email _____ Requestor's FedEx Acct: _____

Address to send tissue _____

For Tumor Bank Use Only:

Date Received _____

Approved Not approved

Date Filled _____

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Agreement Form

- I will not distribute tissue or serum to outside investigators or institutions without written approval from the MD Anderson Multidisciplinary Gynecologic Cancer Translational Research Tumor Bank Oversight Committee.
- I will abide by the [Authorship Guidelines](#).

Principal Investigator's Signature

Principal Investigator's Name Printed or Typed

Date