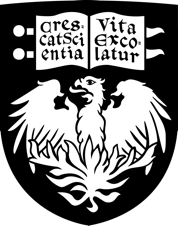
**Organoid Request Form**

***By submitting this form, you are declaring that the information provided is complete and correct; acknowledging that the PI has ultimate responsibility for the conduct of this study and the ethical performance of this project; and ensuring that this request is fully compliant with the IRB protocol number provided (If other than 20-1638). The organoid core is not responsible for any protocol violations.***

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| **Date In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Trial:** Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ **Job #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **General Information:**  P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pager/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Specimen Information:**  Tissue source & type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of surgical cases for which this request applies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Special Instructions:**  Core to obtain Consent: Y/N Patient MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Instructions:  **Shaded box below is to be completed by core personnel only**: ­­   |  | | --- | | Consent duration: \_\_\_\_\_\_\_ Date: \_\_\_\_­­­\_\_\_\_ Consent Completed By: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Organoids Setup: \_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_  Established Lines Purchased: \_\_\_\_\_\_\_ New Lines Established: \_\_\_\_\_\_\_ Wells Plated Total: \_\_\_\_\_\_\_\_\_\_\_\_ Wells Fed Total: \_\_\_\_\_­­­­­\_\_\_\_  Vials Cryopreserved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vials Thawed: \_\_\_\_\_\_\_\_\_\_\_\_ (Blocks made): \_\_\_\_\_\_\_\_\_\_\_\_  Other Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **#** | **Tissue site** | **Tumor/Normal** | **Generate organoid Y/N** | **Vials to Cryopreserve** | **Blocks to make** | **Cryopreservation** | **Other** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

Picked Up By : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Disclaimer:  Printed copies are NOT the official document.  Please see the online PDF file for the most up-to-date version, 9/19/2017***