

DUHS Biospecimen Repository and Processing Core (BRPC) Request Form

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Requesting Investigator and DCI Working Group		
Requesting Physician or Investigator:		
Phone:	Pager:	E-mail:
Primary Diagnosis:		
DCI Disease-Specific Working Group:		
Existing Tissue Collection Consent or Relevant Protocol, if Any, for this Patient		
Protocol Title:		
Protocol Number:		
Principal Investigator:		
Patient Information		
Name:		MRN:
Scheduled Procedure Date and Location:		
<input type="checkbox"/> Patient Previously Consented to the BRPC Protocol		<input type="checkbox"/> BRPC to Consent Patient
If BRPC staff to consent this patient please complete this section:		
This patient has an appointment with: _____		
In clinic #: _____ on: _____ (date) and may be consented at that time.		
<input type="checkbox"/> This patient has been informed that they will be approached for consent		
<input type="checkbox"/> This patient is aware of his/her diagnosis. <input type="checkbox"/> This patient is NOT aware of his/her diagnosis.		
Default Collection		
<input type="checkbox"/> I am requesting a default collection event as described below:		
<ul style="list-style-type: none"> - Neoplastic Tissue: three 5 mm x 3 mm samples frozen in OCT and one 5 mm x 3 mm formalin fixed sample - Adj. Normal Tissue: one 5 mm x 3 mm sample frozen in OCT and one 5 mm x 3 mm formalin fixed sample - One H&E slide for each tissue sample with pathology verification - Blood: 2 EDTA tubes, 1 Paxgene RNA tube, 1 serum tube (if available) 		
Special Collection Requirements		
<input type="checkbox"/> I am requesting a "Non"-default collection: Please list samples to be collected below. Include specimen or organ type, processing instructions if applicable and quantity of each needed.		
Tissue (e.g. Frozen, Fresh, Formalin Fixed paraffin embedded, neoplastic, normal):		
Other Sample Types:		
Processing or Collection Instructions:		
<input type="checkbox"/> I acknowledge this banking request has been reviewed and approved by my DCI working group governance body.		
SIGNATURE: OR FULL NAME		Date: