



## BRPC Request Form for Samples or Data

**Instructions:** Please fill the following form as completely as possible. Submit the request via email to [BRPC@duke.edu](mailto:BRPC@duke.edu). We will respond to your request as soon as possible.

<b>Requestor's Name</b>	
<b>Requestor's Email</b>	
<b>Requestor's Phone</b>	
<b>Working Group</b>	

### Tissue Requested

<b>Primary tissue site desired</b>	
<b>Type of tissue</b>	
<b>Tissue preservation</b>	
<b>Pathology verification needed</b>	<b>Yes</b> <b>No</b>

### Data Requested

<b>Data needed</b>	
<b>Specific Clinical Data needed</b>	
<b>Specific Clinical Data desired, but not required</b>	

**Other important information**

**Date needed by**