

BIOBANK Sample Inquiry or Request Form

Is this a: search inquiry or sample request

Requestor's name:

Requestor's e-mail:

Requestor's phone:

Department:

If this is a sample request, please complete this section:

Project IRB number:

UVM-CC-Biobank Utilization Committee submission date: approved: Yes No

Primary tissue site desired:

Type of tissue: Tumor Normal Paired tumor/normal

Number of cases desired:

Specific clinical data of interest:

Secondary information relating to tissue/tumor desired:

Date needed by:

Email completed form to Biobank@med.uvm.edu

Biobank use only

IRB on file

PRC approval letter

UVM-CC-Biobank-UC approval letter

Signed University of Vermont Cancer Center BioBank ("UVMCC Biobank") Material Transfer Terms and Conditions