

<b>Project Title:</b>		
<b>IND#:</b>	<b>IRB#:</b>  <b>Is Study IRB Approved: Yes / No</b>	<b>Clinical Trials.gov #:</b>
<b>Name Principal Investigator:</b> <b>Phone:</b> <b>Email:</b>	<b>Name Study Coordinator:</b> <b>Phone:</b> <b>Email:</b>	<b>Billing Contact Person Name:</b> <b>Email:</b> <b>Billing Address:</b>  <b>Provider Account number:</b>  <b>Phone:</b>

**NOTE: DEPARTMENTAL APPROVAL REQUIRED BEFORE WORK CAN BEGIN**

**FRESH TISSUE REQUESTS** (if yes, fill out the information below for review by pathology administration). This section pertains to the individual study and not the research participant. **FEE FOR FRESH TISSUE IS \$25.00 dollars.**

NOTE \*\*The fee of \$25 for wet tissue excludes those research studies in which the lab staff is expected perform an extensive analysis of the tissue

<b>Diagnosis:</b>
<b>Type of tissue(s) requested (i.e. blood, placenta, liver):</b>
<b>Size of Tissue requested:</b>
<b>Preparation requirements:</b>

Fresh Tissue Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Tech: \_\_\_\_\_  
Print Name/Signature

**LABORATORY USE ONLY**

Pathology Contact phone number: 305-585-7417 fax: 305-3554780

**Updated 03/30/2018  
ATTACHMENT FORM B**

*Miracles made daily.*

Billing information sent to NAME: \_\_\_\_\_ Date: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

**BLOCKS, UNSTAINED SLIDES AND STAINED SLIDES**

		<u>Quantity</u>	<u>Cost</u>	<u>List Block No.</u>
Tissue Process (embed each)	\$10	_____	_____	
Unstained Slides (1 <sup>st</sup> section)	\$2	_____	_____	
Unstained Slides (additional, per block)	\$1	_____	_____	
H&E (each)	\$3	_____	_____	
Special Stain (each)	\$24	_____	_____	
Pull/Re-file Blocks (per case)	\$5	_____	_____	
Pull/Re-file Slides (per case)	\$10	_____	_____	
PCR-Cut Only (each)	\$5	_____	_____	
Boxes for transporting slides (small)	\$12	_____	_____	
Boxes for transporting slides (large)	\$18	_____	_____	
Photography (3 digital photos per case)	\$20	_____	_____	
Other: _____				

**Request:** Please attach the list of cases including surgical case(s) # and block(s) #.

*NOTE\*\*Allow 5 business days depending on the extent of the request and current staffing constraints, lag time for completion may be longer.*

Blocks/Slides Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Tech: \_\_\_\_\_  
Print Name/Signature

**LABORATORY USE ONLY**

Billing information sent to NAME: \_\_\_\_\_ Date: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

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