

Today's Date	Regular (<i>allow 10 business days</i>) Rush (<i>additional charge applies</i>)	Trial Name
		Duke IRB #
		PI Name

Requestor Name	Patient Name (<i>last, first, middle</i>)	
Requestor Department	Date of birth (<i>mm/dd/yyyy</i>)	Medical Record #
Requestor Email	Date of Surgery	Accession #
Requestor Phone and/or Pager	<i>Your order will not be processed until written consent for participation is received. Please attach copy of written consent with your request.</i>	Written consent received date
<p><u>Choose one:</u> I certify pathology material is required for this patient to enroll in an interventional treatment-based clinical trial.</p> <p> This study/trial will not affect the current clinical care (chemotherapy, surgery, radiation therapy) of the patient.</p>		

Materials and/or service requested. Please check all that apply, and include any special processing/labeling instructions in space provided. Attach additional instructions if necessary. Pathologist select best block Unstained slides: Sections in tube: Count: _____ Count: _____ Thickness: _____ μ m Thickness: _____ μ m	PATHOLOGY USE ONLY Histology IR# Histology Fees BRPC Fees Total Fees:
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Fund Code (Duke Only)	Address to Send Invoice (non-Duke)	Authorized Signature
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Will pick up Please send out (FedEx standard overnight)	Date/Time picked up	Signature
	FedEx Account #	Address for Shipping

Contact Information Melissa Flowers DUMC Pathology, Box 3712 Room 334C, Green Zone Phone 684-6928 pathclintrials@dm.duke.edu	PATHOLOGY USE ONLY Block # _____ Second Choice Block # _____ 1 st approval _____ (sign/date/time) 2 nd approval _____ (sign/date/time)
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