



Macromolecular Core Requisition

Submitter Name: _____

Principal Investigator: _____ PI Life number: _____

Email: _____ Fund Number / Source: _____

Phone #: _____ Date requested: _____

Sample ID:

Sample Collection Date: _____

Histology / Pathology Evaluation:

Specimen Type

- Fresh Tissue Frozen Tissue Paraffin Block FNA RNALater

Organ/tissue: _____

Tissue Size/ # Tube (in mm): _____

- Blood Buffy Coat Serum Plasma Bone Marrow Urine

- CSF Other: _____

Volume: _____ # Tube: _____

- Buccal Swab Saliva Other

Volume: _____ # Tube/Swab: _____

- Cell lines Cell culture medium

Number of cells: _____ # Tube/Plate: _____ Volume: _____

Sample Product

- Total RNA microRNA Genomic DNA Protein

DNA or RNA or Protein Amount Requested: _____ ug

Downstream process (if available)

- Whole Genome Sequencing Whole Exome Sequencing RNA Sequencing

- mRNA expression array aCGH PCR

- Biobanking Other _____

Date received: _____