Macromolecular core extraction requisition form

Submitter Name: ________________________
Submitter Email: ________________________
Submitter Phone #: ________________ Date Requested: ________________
Sample ID: ________________________________ Sample Collection Date: ________________

Histology Evaluation:

Specimen Type
☐ Fresh Tissue  ☐ Frozen Tissue  ☐ FFPE slide  ☐ FFPE scroll  ☐ FNA
# Block/Slide/Tube:___________  Area of specimen: Partial or Whole
Organ: ☐ Liver  ☐ Lung  ☐ Brain  ☐ Intestine  ☐ Heart  ☐ Other__________
Tissue Size/ # Tube: ☐ 3 m  ☐ 6 mm  ☐ Other__________
☐ Blood  ☐ Buffy Coat  ☐ Bone Marrow  ☐ Plasma  ☐ Body Fluid
Volume:___________  # Tube:__________
☐ Buccal Swab  ☐ Saliva
Volume:___________  # Tube/Swab:__________
☐ Cell lines
Cell Numbers:___________  # Tube/Plate:__________

Sample Product
☐ Total RNA  ☐ microRNA  ☐ Genomic DNA  ☐ Protein
DNA or RNA or Protein Amount Requested: ____________ ug

Downstream process
☐ Whole Genome Sequencing  ☐ Exon Sequencing  ☐ RNA Sequencing  ☐ Microarray–RNA
☐ Microarray—CGH  ☐ PCR  ☐ Biobanking  ☐ Other__________________