

Clinical Trial Tissue Services Department of Pathology, LMP-100 310 Cedar Street, New Haven, CT Email: ctts@yale.edu

Website: http://medicine.yale.edu/pathology/research/tissueservices/clinicaltrialtissuesservices.aspx

## Yale Clinical Trial Tissue Services (YCTTS) Tissue Request Form

Date	_								
Institution							RETURN COMPLETED FORM via email to:		
Contact Person							Yale Clinical Trial Tissue Services		
							Email: ctts@yale.edu FAX: 203.737.8388		
Email Telephone							FAX: 203	3./3/.8388	
PI/CI Name									
Project Charging: Credit Card Validation/PII							l no	Expiration Date	
Invoice Number									
Billing Address: Shipping							Address: Same as Billing Address		
Name					Name				
Address Address						Address _			
Address #2 Address #2						Address #2	ss #2		
City									
State Zip Code State						State	Zip Code		
NOTE: FOR BEST SE  Please fill out below and co  Department  Project Name  Sponsor	heck all that a <sub>l</sub>	oply						Please send via email: Signed Patient Consent Pathology Report Signed IRB Protocol or IRB Exception	
Patient Name					f Birth	MRN		Accession No.	
Date of Consent					nt Expiration				
Tissue Type									
	Primary	Mets		os LN Neg LN Marginal			For CTTS use only:		
# of unstained slides	Timary	Wets		, , , , , , , , , , , , , , , , , , ,	1109 211	- Marginar	Pathologist:		
# of H&E							Review Date:		
Block							review Date:		
Comments:							Slide Selection Date:	on	