



National Cancer Institute
Biospecimen Request Form

Please fill out the following form and press the submit button when finished. Or, send form manually as an email attachment to seer-rtr@imsweb.com.

Principal Investigator _____

Title of Study _____

Funding Agency _____

Grant Number (if available) _____

Date of Request _____ (DD MM YY)

Check if Tissue Microarray requested -- available TMAs: Pancreatic cancer

ICD-O-3 Topography Code(s): _____ ICD-O-3 Morphology Code(s): _____

Requested Case Data Items (Check all that apply):

Race

Gender

Age at Diagnosis Specify age ranges (if applicable) _____ Not Applicable

Year of diagnosis Specify year ranges (if applicable) _____ Not Applicable

Other Requested Data Items (e.g., Stage, Grade, Behavior)

Rationale for requesting population-based specimens

Brief summary of study hypothesis, goals, and objectives

Type of histopathologic materials requested (check all that apply):

Tissue Blocks Stained Slides Unstained Slides TMA Other (specify): _____