Dear CellNetix Customer,

Thank you for your research request. Please complete the information below and fax the form and any additional paperwork to 206-576-6711. You will receive a response within 3-5 business days.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Study** |  | ***Date****:* | Click or tap to enter a date |
|  |
| **Company/Institution:** |  |
| **Study Description:** | Enter details and/or attach separately |
| **IRB Approval:** | No [ ] Yes [ ] N/A: [ ]  | **Approval Date:** | **Patient Consent Forms:****No** [ ] **Yes** [ ]  |
| **Scope of Services Needed:** |  |
| **Technical****(Ex: create slides, stains, curls)**  | **No** [ ] **Yes** [ ]  | **If yes, specify:** |  |
| **Professional*****(Ex: case review, tumor assessment, tissue procurement)***  | **No** [ ] **Yes** [ ]  | **If yes, specify:** |  |
| **Material only request** **(Ex: existing block or slide pull)** | **No** [ ] **Yes** [ ]  | **If yes, specify:** |  |
| **Research Contact Information:** | **Name:** |  |
| **Email:** |  |
| **Phone:** |  |
| ***Shipping Information:*** | **Address** |  | **City** |  |
| **State** |  | **Zip** |  |
| ***Reimbursement or Billing Information:*** | **Funded** | **No** [ ]  **Yes** [ ]  | **Funding detail** |  |
| **Name** |  | **Phone** |  |
| **Address** |  | **City** |  |
| **State** |  | **Zip** |  |
|  |

***\*Special Note\* —*** Requests that may exhaust the remainder of the tissue block will not be approved.