



Research Intake Form

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<input type="checkbox"/> Research—Clinical Trial Request for Treatment	<input type="checkbox"/> Research—Clinical Trial Request for Non-Treatment
REQUIRED DOCUMENTS <input type="checkbox"/> CellNetix Research Intake Form <input type="checkbox"/> Patient Consent Form	REQUIRED DOCUMENTS <input type="checkbox"/> CellNetix Research Intake Form <input type="checkbox"/> IRB Approval <input type="checkbox"/> Research Protocol Summary <input type="checkbox"/> Patient Consent/Consent Waiver Form

Name of Study:			Date:	
Patient Name:				
Patient Date of Birth:			Accession/Case #:	
Company/Institution:				
Primary Investigator Name:				
Research Contact Information:	Name			
	Email		Phone	
Study Description: <i>Provide details and/or attach separately.</i>				

Scope of Services Request*			
<input type="checkbox"/> Technical	<input type="checkbox"/> Thickness:	Quantity: <input type="checkbox"/> Unstained <input type="checkbox"/> Curls IHC: _____	Note:
<input type="checkbox"/> Professional	<input type="checkbox"/> Case Review <input type="checkbox"/> Tumor Assessment <input type="checkbox"/> Tissue Procurement	Note:	
<input type="checkbox"/> Material Only**	Quantity:	<input type="checkbox"/> Slides <input type="checkbox"/> Blocks Note:	

Shipping Information: Include FedEx account number if applicable	Name	
	Address	
	Acct. No.	
Billing Information: <input type="checkbox"/> Tax Exemption	Name	
	Email	
	Phone	
	Address	

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

**Professional fees will apply.

Please complete the information above and fax the form and any additional paperwork to **206-576-6711**.

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