

**SDRC Human Tissue Core  
Preliminary Specimen Request**

CONTACT INFO	
<b>Requestor:</b>	
<b>Principal Investigator:</b>	
<b>Primary contact name:</b>	
<b>Primary contact email:</b>	
PROTOCOL INFO	
<b>Protocol Title</b>	
<b>IRB Protocol Number</b>	<input type="checkbox"/> Indicate if your project does NOT require IRB approval. (i.e. exempt human subject research)
PROJECT INFO	
<b>Requested specimens</b>	<i>Please list organ/tissue types, sample amount, preservation format(s), and quantity. ex: Adipose, 50g samples, fresh on wet ice, from 10 donors.</i>
	Do you require all tissue types to be sampled from the same donor(s)? Yes / No / Preferred but not required
<b>Donor profiles</b>	<i>Describe your cohort(s) of acceptable donors. ex: Type 2 diabetics with &gt; 5yrs of diabetes history with low alcohol consumption. No tobacco.</i>
<b>Requested donor information</b>	<i>List data variables you need for each donor. ex: BMI, medication list, familial history of cancer</i>
<b>Additional procurement details</b>	
<b>Your Project's Procedures</b>	<i>What assays do you plan to perform? (This information helps us determine appropriate ischemia times and preservation formats.)</i>
<b>Any additional comments</b>	

Please email your completed form to Sharon at [spneh@stanford.edu](mailto:spneh@stanford.edu).

Our pricing model requires a minimum number of users for certain tissue types. You will be notified if your order cannot be immediately fulfilled.