

**Mount Sinai Biorepository Cooperative
Request For Specimen Form**

Once you have completely filled out this form please make sure you print out, read and sign Human Tissue And Fluids Risks & Safety Precautions Statement and Human Specimen Single User Agreement. Return these documents to the department of Pathology, care of Dr. Burstein or Dr. Fowkes, box 1134, or deliver directly to Annenberg 15-76.

I. Investigator Information

Investigator's Name:

Phone:

FAX:

E-mail:

Mount Sinai location:

GCO fund number:

Funding source for project:

Name of Principal Investigator, and title (if different from above):

Signature of Principal Investigator:

II. Specimen Request

Please provide a detailed outline of your specific tissue needs, and please note that for some diagnoses, tissue can only be distributed as it becomes available. Please provide as much information as possible (scientific rationale of project. techniques to be employed with tissues, numbers of specimens needed, type of preparation required, clinical information needed).