



Application for Procurement of Human Specimens for Research

Date: _____

Name of Principal Investigator: _____

Office Address: _____ Room #: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Title of Project: _____

Tissue Requirements:

Organ(s) or Site(s): _____

Type of Tissue (neoplastic, normal, both): _____

Minimum amount of tissue required (size or weight): _____

Mode of procurement (fresh, frozen, in medium): _____

Total number of specimens needed: _____

Do you require a copy of the pathology report corresponding to the procured tissue?

Yes: _____ No: _____

Special conditions: _____

•Acquisition of tissue samples cannot begin until IRB approval is obtained.

IRB approval #: _____ Date of IRB approval: _____

•Submit this application, a copy of your IRB application, and your IRB approval letter to:
Tissue Procurement Facility, Dept. of Pathology, 245 N 15th Street, New College Building
RM 5303, Philadelphia, PA 19102 or fax to: 215/762-3274.

•Questions regarding tissue procurement should be directed to:

Gregg Johannes, PhD

Gregg.Johannes@DrexelMed.edu

(215)762-8173

I understand the rules and regulations for the Tissue Procurement Facility and agree to comply with the guidelines as stated by the IRB.

Signature: _____ Date: _____

For Office Use Only

Date received: _____ Date approved: _____ Assigned project #: _____