Application for Procurement of Human Specimens for Research

Date: ____________________

Name of Principal Investigator: ____________________________________________
Office Address: __________________________________________________________
Telephone #: ____________________ Fax #: ____________________
E-Mail Address: __________________________________________________________

Room #: ____________________

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 #: ______________