

Dear Principal Investigator,
 Thank you for your interest in Cureline human biospecimen repository and special collection services. To assess availability of requested materials and/or feasibility of a prospective collection, please share the details of your project needs:

Contact Information	Name:	
	Title, Department:	
	Company:	
	Phone :	
	E-mail:	
Indication	<input type="checkbox"/> Oncology: (indication) <input type="checkbox"/> Inflammation: (indication) <input type="checkbox"/> Normal: (organ, etc.) <input type="checkbox"/> Diseased: (indication) <input type="checkbox"/> Other: (specify)	
Tissue origin (organ)		
Number of cases		
Specimen type	<input type="checkbox"/> TISSUE	
Preparation (format)	<input type="checkbox"/> BIOFLUIDS <input type="checkbox"/> Blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Plasma <input type="checkbox"/> BAL <input type="checkbox"/> RNA <input type="checkbox"/> DNA <input type="checkbox"/> OTHER: (specify)	
	SPECIMEN PREPARATION: <input type="checkbox"/> Fresh <input type="checkbox"/> PBMC viable <input type="checkbox"/> Frozen <input type="checkbox"/> PBMC frozen pellet <input type="checkbox"/> FFPE <input type="checkbox"/> BMMC viable <input type="checkbox"/> OCT <input type="checkbox"/> BMMC frozen pellet <input type="checkbox"/> TMA <input type="checkbox"/> Special Protocol <input type="checkbox"/> Slides <input type="checkbox"/> Other:	
Preparation (special)		
Sample size & packaging		
Patient inclusion / exclusion criteria		
Research application		
Clinical data requirements		

For CURLINE use ONLY

<i>Entry system:</i>		<i>Date/Initials:</i>	<i>Assigned PD:</i>	<i>Feasibility (Y/N):</i>
<i>Category:</i>		<i>Date/Initials:</i>	<i>Assigned PM:</i>	<i>Archive (Y/N):</i>