

FFPE Return Request

Complete all fields; incomplete requests may delay block return.

Email completed request to the NRG Biospecimen Bank listed in the clinical trial protocol.

Date: _____

REQUESTOR CONTACT INFORMATION

Name: _____

Institution: _____

Phone: _____ Email: _____

FFPE INFORMATION

Patient ID: _____ Bank ID (if applicable): _____

FFPE materials to be returned *(list the accession # and block ID for all materials requested)*:

REASON FOR RETURN (If needed, banks staff will work with site to determine request importance.)

☐ Patient Care - Specify test(s): _____

☐ Other - Specify reason(s): _____

Date needed (not guaranteed): _____

Note: The NRG Biospecimen Bank may process blocks prior to return as specified by the clinical trial protocol.

SHIPPING INFORMATION (ADDRESS OF THE SUBMITTING SITE)

Note: The NRG Biospecimen Bank cannot ship to third party institutions/departments.

Name/Institution: _____

Street Address: _____

Suite/Room#: _____

City, State, Zip: _____

Email: _____

Phone/Fax: _____

Courier: ☐ FedEx ☐ UPS ☐ Other, specify: _____

Account #: _____

Printed Airbill or FedEx/UPS account number must be provided to process request.

SECTION TO BE COMPLETED BY NRG BIOSPECIMEN BANK

Tracking #: _____

Date Returned: _____ Bank Staff Returning Block: _____

Comments: _____