

# Radiation Therapy Oncology Group Biospecimen Resource

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# Request for return of pathology material from RTOG Biospecimen Resource

*Please fill out part A. RTOG will fill out part B and will include this form with the material being returned.*

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| Part A (to be filled out by Site) |
| |  |  |  |  | | --- | --- | --- | --- | | Date of request: | |  | | | From: |  | | | | Shipping Address: | | |  |   **Sites must provide a pre-printed Fed Ex/UPS Airbill with return request.**   |  |  | | --- | --- | | ***-****If unable to do so please provide Fed Ex account number for RTOG to bill to here:* | **#** |   Return Request for: (to be filled out by Site: please check at least one)   |  |  |  | | --- | --- | --- | | Patient Care  Punch and Return | Path Dept requesting back  Outside Inst requesting back | Return to site to make H&E  Return to site to make unstained |  |  |  |  |  | | --- | --- | --- | --- | | **RTOG STUDY**: |  | **RTOG CASE NUMBER(S)** |  |   **Material Being Returned (To be filled out by Site):**   |  |  |  |  | | --- | --- | --- | --- | | # of H&E Slides: (path number and block #): | | |  | | # of Blocks: (path number and block #): | |  | | | Other: |  | | | |

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| Part B (to be filled out by RTOG) |
| |  |  |  | | --- | --- | --- | | Date Returned by RTOG: |  | | | Fed Ex Tracking Number: |  | | | RTOG Staff Member Returning: | |  | |

**Site: Please fax back the material received sheet shipped with the returned material**