

# 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: \_\_\_\_\_