

## UWSDRC ECPC Tissue Request Form

Date of Request: \_\_\_\_\_

### Investigator Information

Name: \_\_\_\_\_

Department: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Accounting # (For billing purposes):

Fund:	Dept:	Prog:	Proj:	
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### Tissue Information (If you are requesting more than 3 types of tissue, please fill out an additional form)

\*If you are requesting PHI, you must provide a copy of your IRB-approved protocol below.

\*\*IRB approval not required for ≤10 de-identified slides of each tissue. Provide rationale below.

<p><b>Tissue:</b> _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>	<p><b>Tissue:</b> _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>	<p><b>Tissue:</b> _____</p> <p><u>Paraffin</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p> <p><u>Frozen</u></p> <p><input type="checkbox"/> Unstained (# slides:____)</p> <p><input type="checkbox"/> H&amp;E (# slides:____)</p> <p><input type="checkbox"/> Specialty (# slides:____) Specify type:_____</p> <p><input type="checkbox"/> Specialty (# _____) Specify type:_____</p>
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\*HSC IRB Study Protocol #: \_\_\_\_\_ Protocol expiration date: \_\_\_\_\_

\*\*Scientific rationale for pilot projects (≤10 de-identified samples): Please detail the scientific rationale behind the tissue request. Include the name of the exploratory or feasibility testing and how the tissue will be used.

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**Certification of Usage:** I verify that the tissue requested will only be used for purposes described above or in the IRB approved protocol provided. I also certify that research personnel involved in the project have completed the required human subjects training. By signing, I further agree to provide follow-up on the use of these specimens, including in grant proposals, publications, and presentations and will acknowledge support for services received from UWSDRC.

**Investigator signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please email completed form to [sdrc@dermatology.wisc.edu](mailto:sdrc@dermatology.wisc.edu) or fax to 608-263-5223.**

For Office Use Only (date and initials)

Received: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_

Dept. of Dermatology HSC# \_\_\_\_\_ PI: \_\_\_\_\_

## UWSDRC TISSUE RESEARCH SERVICES FEES

Fee Schedule for Experimental Cutaneous Pathology Core		
Item	Non-UWSDRC Member Price	UWSDRC Member Price
Tissue Sample search fee (slide fees additional)	\$50.00	\$25.00
Paraffin Process and Embed Tissue (CDM HBX0107)	\$5.00	\$1.25
Unstained Slide (HBX0031)	\$5.00	\$1.25
H&E Stain (Paraffin) (1st slide) (CDM HBX0030)	\$5.00	\$1.25
Each additional slide	\$1.75	\$1.00
Frozen Sections search fee (slide fees additional)	\$60.00	\$30.00
Frozen Sections setup/first slide	\$17.00	\$5.00
Frozen Sections additional slides	\$3.50	\$1.00
H&E Frozen - per block	\$1.50	\$1.00
IHC (HB88342F)	\$37.00	\$10.00
<b>Special Stain (Histochemical, PAS, GMS etc): from 3 choices below</b>		
Group II (CDM 88312A)	\$17.07	\$5.00
Group II (CDM 88313)	\$17.07	\$5.00
Group III (CDM88314)	\$19.65	\$5.00
Tape Transfer Slides	\$29.12	\$8.00
Slide box, 25 Slide	\$5.20	\$1.50
Slide box, 100 Slide	\$9.36	\$2.00
Plastic Mailer	\$3.64	\$1.00
Slide Holder (per 5 slides)	\$2.00	\$0.50
Unstained Tissue Microarray pricing will be determined based on project. Please contact Megan Maguire at <a href="mailto:sdrc@dermatology.wisc.edu">sdrc@dermatology.wisc.edu</a> with your project details.		