The Cancer Institute of New Jersey®
Bringing research to life.

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

Biospecimen Repository Services (BRS) Shared Resource

For a service consultation please complete and email to:

Julia Friedman, Program Manager
Email: friedmju@umdnj.edu
Tel: 732-235-8065

Service Request Form

PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: ☐ UMDNJ ☐ Princeton Univ. ☐ Rutgers Univ. ☐ Other: _____	
Department:	
Telephone (daytime):	Telephone (nights & weekends):
Cell:	Pager:
Fax:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
☐ CINJ Full Member ☐ CINJ Associate Member ☐ Academic (non-CINJ member) ☐ Other	
PROJECT INFORMATION	
Project Description:	
Protocol Title and Number:	
Protocol Page(s) Detailing Pathologic Material Requirements:	
RESEARCH RELATED APPROVALS	
IRB Approval # :	IRB Approval Date:
Is this submission an amendment to an already existing approved protocol? ☐ Yes ☐ No	
SERVICE INFORMATION	
Select the type of biospecimen to be procured: ☐ Remnant tissue via tissue procurement: ☐ Fresh ☐ Frozen ☐ Tissue from paraffin archive ☐ Tissue Microarrays ☐ DNA ☐ RNA ☐ Non-remnant tissue not used for diagnostic purposes: ☐ Fresh ☐ Frozen ☐ Fixed	
Is data needed? ☐ Clinical ☐ Pathological ☐ None	

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Service Request Form *(continued)*

Select the biospecimen cancer type:

- ☐ Bladder Cancer
- ☐ Brain Cancer
- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☐ Colorectal Cancer
- ☐ Endometrial Cancer
- ☐ Esophageal Cancer
- ☐ Head & Neck Cancer
- ☐ Kidney Cancer
- ☐ Liver Cancer
- ☐ Lung Cancer
- ☐ Lymphoma Cancer
- ☐ Melanoma Cancer
- ☐ Mesothelioma
- ☐ Ovarian Cancer
- ☐ Pancreatic Cancer
- ☐ Prostate Cancer
- ☐ Salivary Gland
- ☐ Sarcoma
- ☐ Skin Cancer (non-melanoma)
- ☐ Stomach Cancer
- ☐ Testicular Cancer
- ☐ Thyroid Cancer
- ☐ Other, please specify: _____
- ☐ Normal tissue not adjacent to tumor, please specify organ site: _____

Please list any additional specific characteristics of requested tissues if needed (e.g., invasive lobular breast cancer, adenocarcinoma versus squamous cell carcinoma for lung cancer, Non-Hodgkin's Lymphoma versus Hodgkin's Lymphoma, etc.):

Please provide any deadlines relevant to this service:

RESPONSIBLE PARTY BILLING INFORMATION	
UMDNJ Banner Index # :	Non-UMDNJ Purchase Order # :
Responsible Party: ☐ PI ☐ Other, please specify: _____	
Business Manager:	
Telephone:	Email:

SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer: **Quoted fees are best estimates for requested service.**
Actual cost will be determined at completion of service.

FOR OFFICE USE ONLY	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: