



National Cancer Institute  
Biospecimen Request Form

Please complete the following form and save to your computer using this format: "LastName-RequestForm.pdf". Submit this completed form to [seer-rtr@imsweb.com](mailto:seer-rtr@imsweb.com) with the 1-2 page summary of your request.

Principal Investigator \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Title of Study \_\_\_\_\_

Funding Agency \_\_\_\_\_

Grant Number (if available) \_\_\_\_\_

Date of Request \_\_\_\_\_ (DD MM YY)

Check if Tissue Microarray requested -- available TMAs:      Pancreatic cancer

ICD-O-3 Topography Code(s): \_\_\_\_\_ ICD-O-3 Morphology Code(s): \_\_\_\_\_

Requested Case Data Items (Check all that apply):

Race

Gender

Age at Diagnosis      Specify age ranges (if applicable) \_\_\_\_\_ Not Applicable

Year of diagnosis      Specify year ranges (if applicable) \_\_\_\_\_ Not Applicable

Other Requested Data Items (e.g., Stage, Grade, Behavior)

Rationale for requesting population-based specimens

Brief summary of study hypothesis, goals, and objectives

Type of histopathologic materials requested (check all that apply):

Tissue Blocks      Stained Slides      Unstained Slides      TMA      Other (specify): \_\_\_\_\_