



NORTHWESTERN
UNIVERSITY

Dermatopathology Division

**Department of Dermatology
Northwestern University
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Chicago, IL 60611-2997**

For Questions and Submission Contact:

SDRCtissuerequests@northwestern.edu

**DERMATOLOGY ARCHIVED TISSUE BIOREPOSITORY REQUEST FORM
Dermatopathology Tissue Repository for Research
IRB # STU24696 PI: Dennis P. West, PhD**

Investigator Information

Date Submitted:

NU Principal Investigator:

Department:

Address:

City: State: Zip Code:

Email Address: Telephone:

Chartstring/Billing Account:

Requesting Investigator: I agree tissue acquired from this request will not be sold.

Signature: _____ Date: _____

Project Summary

Please provide a summary of your research project. Include objectives and aims as necessary.

Tissue Request Information

Specify Tissue Type:

Unstained Slides H & E Slides Other

Indicate Quantity for each Slide Type, Number of Blocks, Diagnosis Requested, and Specific (gender, age, race, and ethnicity).

Tissue is provided with the following information: **diagnosis, age of patient at the time of tissue collection, gender, lesional or non-lesional tissue, and anatomic site.** Any requested medical record data extraction must be specified below.

To submit request, email the following to SDRctissuerequests@northwestern.edu
Dermatology Archived Tissue Biorepository Request Form (this form)
IRB Approval Letter (if requesting patient identifiable information)
IRB Approved Protocol (if applicable)

For questions, contact:
SDRctissuerequests@northwestern.edu
Dennis West, PhD at dwest@northwestern.edu

For Dermatology Archived Tissue Biorepository Personnel Use Only

Reviewer Notes:

Total Charges:

Billing Code(s):