



Skin Disease Research Center

**Morphology and Phenotyping Core
Northwestern University
303 E Chicago Ave, Room 13-049
Chicago, IL 60611**

**For Questions and Submission Contact:
SDRCtissuerequests@northwestern.edu
Phone: (312)-503-5901**

DERMATOLOGY ARCHIVED TISSUE REQUEST FORM

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

Diagnosis(es) Requested:

Number of blocks per diagnosis:

Quantity of slides per block:

Subject specifics (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

Stephanie Rangel, PhD at stephanie.rangel@northwestern.edu

Dennis West, PhD at dwest@northwestern.edu

For Dermatology Archived Tissue Biorepository Personnel Use Only

Reviewer Notes:

Total Charges:

Billing Code(s):