



Skin Disease Research Center

For Questions and Submission Contact:

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

**SDRCtissuerequests@northwestern.edu
Phone: (312)-503-5901**

DERMATOLOGY FRESH 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 that 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.

Is this project funded ?

Yes No If yes, please indicate funding source:

Will you be providing subject compensation for their specimen(s)?

Yes No If yes, how much will be provided to the subject per specimen?

Tissue Request Information

Specify Tissue Type: Skin Tissue Skin Swab Buccal Swab
Blood Mucous Membrane Swab Saliva Other Please indicate:

Quantity for each specimen:

Diagnosis (if applicable):

Specific Parameters (gender, age, race, and ethnicity):

Specimen collection (preferred time/day):

Specimen transport/lab delivery needed?

Transport buffer:

Transport temperature:

Supplies for sample collection (list all tubes, specimen cups, etc with product numbers):

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 Tissue Biorepository Request Form (this form)
IRB Approval Letter (Required if requesting patient identifiable information)

For questions, contact:

IRB Protocol & IRB Approved Consent Form (if applicable)

SDRCtissuerequest@northwestern.edu

Stephanie Rangel, PhD at stephanie.rangel@northwestern.edu or 312-503-5942

Dennis West, PhD at dwest@northwestern.edu or 312-503-5944

For Dermatology Fresh Tissue Personnel Use Only

Reviewer Notes:

Total Charges:

Billing Code(s):