

Company/Lab

Assays to be Tested:

<i>IHC</i>	<i>mRNA ISH</i>	<i>SISH</i>
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Study Timeline:

Proposed Start Date: Study Duration (Months):

Specimen Information:

of Specimens: _____ Source of H&E: _____

Source of Specimen:	Type of Specimen:	Age of Specimen:
Pt. Clinical Sample	FFPE Block	Fresh
Cell Line	FFPE Whole Tissue	<3 Months
Xenograft	FFPE TMA	3-6 Months
Other	Frozen Section	6-12 Months
	Fixed Biopsy	>12 Months
	Other	Unknown
		Variable

For TMAs Submitted for Testing (#)
For Blocks (# of 4um)
For Biopsies

Slides: _____ Cores: _____ Sections: _____ Process: _____

Assay TAT: _____

Comments: _____

Authorization for Work to be Performed:

Name/Title: _____ Speedtype (if apl): _____

Signature: _____ Date: _____