

NF1 Biospecimen Repository
 Specimen request form.v2

<u>Principal Investigator name and email:</u> 	<u>Request Date:</u>
<u>Principal Investigator Address:</u> <u>PI Phone:</u>	<u>Co- Investigator Address:</u> <u>Co-Investigator Phone:</u>
<u>Contact Person Name/Phone/Email:</u> 	<u>Shipment Address For Specimens:</u> <u>FedEx Account Number (required):</u>
<u>Sample Type(s) Requested:</u> <input type="checkbox"/> Cutaneous Neurofibroma <input type="checkbox"/> Plexiform Neurofibroma <input type="checkbox"/> MPNST	<u>Material Requested:</u> <input type="checkbox"/> Flash Frozen Tissue <input type="checkbox"/> RNALater Preserved Tissue <input type="checkbox"/> Viably Frozen Tissue <input type="checkbox"/> Xenograft <input type="checkbox"/> Cells <input type="checkbox"/> H&E Slides <input type="checkbox"/> Unstained Slides <input type="checkbox"/> DNA <input type="checkbox"/> RNA
Number of Unique Samples Requested: _____ (from different patients)	Requested Amount of tissue in mg: _____

Protocol Title:

Hypothesis and Specific Aims:

Abstract:

Brief Background, Rationale and Preliminary Data:

Statistical Design:

1) Endpoints or primary objectives

2) Sample selection methodology (include justification for annotations requested)

Special Handling Request:

Clinical Data Required:

Current Funding for Proposed Project: YES

Granting agency: _____

Grant Number: _____

NO

Generating Data to support a grant application

Other information: