**Request for Clinical Trial Material**

Name of Clinical Trial:

Documas ID:

Person making request:

I certify that the patients listed on this document have consented for the clinical trial for which their human tissue is requested;

Signed:

Date:

Contact/address to which the material should be sent:

(please include telephone number and email address)

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Identifier | Date of Birth | Histology Number | Material required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date of request:

Fax to 17175 (Attn Tissue Bank Staff)

Date Dispatched:

(for ICHTB use)