



# Specimen Request Form

Please complete the required fields of the form and use the submit button at the bottom of the page to email the completed request to [researchlabservices@seattlechildrens.org](mailto:researchlabservices@seattlechildrens.org)

## Contact Information

Principal Investigator Name:							
Department/Division:							
Contact Name (if different):							
Phone:				Email:			
Study Title/Code:							

## Services Requested

Patient Name				MRN				DOB			
Today's Date				Date Services Needed							
Surgical/Autopsy #				Date Collected				Study ID			
Specimen Type		Quantity		Instructions				Distribution			
H&E Stained Slide											
Unstained Slide											
Formalin Fixed Paraffin Embedded Block											
Snap Frozen Lesion Tissue											
Snap Frozen Normal Tissue											
Fresh Tissue											
Blood											
Bone Marrow											
CSF											

## Additional Instructions or Requests

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### THIS SECTION TO BE COMPLETED BY RLS STAFF ONLY

Path Review for Tissue Requests				Processing			
Approved date:				Date Received:			
Approved by:				Signature:			
Pathology Notes				RLS Processing Notes			