



CELL CULTURE CORE FACILITY

Request for Processing Human Tissue Biopsy

Genentech Hall, S-1000, Box 0528 415-476-1450

Place sample label here

All sections (1 to 5) must be fully completed

1. Patient's name or tissue identification: _____

Age: _____ Sex: _____ Birth date: _____

Type of tissue: _____ Site of biopsy: _____

Date biopsy taken: _____ Storage or carrier media used: _____

If date of biopsy is over 24 hours before bringing to the Cell Culture Facility, please indicate how sample was stored:

- 2. The sample is:**
- A - research
 - B - clinical
 - C - both clinical and research
 - D - undetermined
- Please check one*

The CHR number for this work is: _____

(An CHR number is required for all research work)

3. A patient release is enclosed: No Yes

4. Name of account within Cell Culture Facility charges to be directed to: _____

Name of person requesting work: _____

Mailing address: _____

Phone number: _____

Email address: _____ Department Name: _____

Name of contact person _____ Phone number: _____

Name of person delivering: _____ Phone number: _____

5. Work requested*:

a) Number of vials to be frozen: _____

b) Number and size of flasks to be generated: _____

c) Whole specimen freezing: _____

d) EBV transformation: _____

e) Other - describe what is wanted: _____

**No shipping of human biopsy will be provided by CCF. We will gladly pack samples for you to ship.*

Cell Culture Core Facility use only		Date received: _____	Time: _____
Type of work:	Date completed:	Number of items:	
1			
2			
3			
4			
Comments:			