

UCSF Cell Culture Core Facility

Parnassus Campus: 513 Parnassus Avenue • S1000 • San Francisco, CA 94143-0528 • Box 1357
 Tel: 415-476-8830 • Fax: 415-476-2086
Mission Bay Campus: 600-16th Street • Genentech Hall S212, San Francisco, CA 94158 • Box 1357
 Tel: 415-514-4281 • Fax: 415-514-4282

Place sample label here

Request for Processing Human Tissue Biopsy

Directions: Samples must be placed in Tissue Culture media with 3x antibiotics. Give 48-hours (2 days) Notice prior to bringing in your sample(s) before 2:30pm, if later please call.



Please complete the WHITE box areas so that we may properly process your Request!

A. Requester Information

Date Received:

Requester Name	Principle Investigator Name /Department Name
Contact Person/Phone Number	Charge CCF Account Number
Email Address	CHR No. for this work (Required for all research work)

B. Tissue Biopsy Information (Use One Form per Biopsy)

What is the Sample Identification Name?	What is the Date Biopsy taken?
Age?	What is the Reason Biopsy taken?
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	What is the Type of Tissue?
Birth Date	What is the Site of Biopsy?
The Sample is for <input type="checkbox"/> research <input type="checkbox"/> clinical <input type="checkbox"/> both <input type="checkbox"/> undetermined	What is the Storage or Carrier Media Used? <small>If date of biopsy is over 24-hrs before bringing to CCF, please indicate how the sample was stored:</small>
Is this Sample Biohazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

C. Work Requested (Fill in the boxes with the Quantity where applies and appropriate boxes).

<input type="checkbox"/> Flask Qty <input style="width: 40px;" type="text"/> Size <input type="checkbox"/> T-25 Qty <input style="width: 40px;" type="text"/> Size <input type="checkbox"/> T-75 Qty <input style="width: 40px;" type="text"/> Size <input type="checkbox"/> T-150	<input type="checkbox"/> Vial Qty <input style="width: 40px;" type="text"/> Vials to be Frozen/Preserved Cell Density = _____ per _____ <input type="checkbox"/> EBV Transduction <input type="checkbox"/> Whole Specimen Freezing
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D. Special Instructions

Pickup Delivery

CELL CULTURE CORE FACILITY USE ONLY		
TYPE OF WORK:	DATE COMPLETED:	NUMBER OF ITEMS
DATE/TIME RECEIVED	RECEIVED BY	TECHNICIAN
DATE COMPLETED	CUSTOMER NOTIFIED DATE	NOTIFIED BY
TC LOG NO.	TC LOG NO.	TC LOG NO.

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