

**Manitoba Breast Tumor Bank Request Form**  
**for Tissue, IHC & ISH assays**

Date of request: \_\_\_\_\_ Timeframe: (select one)\* : 1 wk      2-4 wks      4-8 wks

Investigator: _____
Contact person: _____
Lab Location / Rm.#: _____

Phone #: _____	Fax #: _____
Email: _____	

**Material requested**

Case type:	A	B	C	# cases required:
<input type="checkbox"/> <b>Sections** on Slides for:</b> # frozen sections: _____ # paraffin sections: _____ Additional details: _____				IHC                  ISH                  Other
<input type="checkbox"/> <b>Sections** in Tubes (1.5ml) for extraction of:</b> Frozen: _____ Paraffin: _____ Additional details: _____				RNA                  DNA                  Protein

*Please make a note of the following;*

- \*Requests will be prioritized based on receipt and volume of tissue requests. Larger requests will be batched according to size. However, if you can provide us with a preferred/projected due date it will assist us in accommodating and balancing all requests:
- \*\*Standard sections are 5µm for IHC/ISH, and 20µm for RNA/DNA protein extractions. Special requests should be included in the additional details
- Additional sections will be considered without providing a new request.
- Accessed tissue blocks will be logged separately.
- This form is available as a PDF file at the MBTB website.
- Questions? Contact Linda Curtis at 787-1025, or email [snellj@cc.umanitoba.ca](mailto:snellj@cc.umanitoba.ca)

**Authorization (to be signed by Dr. P. Watson) \_\_\_\_\_ Dated: \_\_\_\_\_**

Work Order #	MBTB Notes