

Clinical Sequencing Assay Request Form

Instructions: Complete all required information, include a copy of the corresponding de-identified pathology report, and ship this form with the sample to: AFT Biorepository c/o Siteman Cancer Center Tissue Procurement Core, Washington University School of Medicine, 425 S. Euclid Ave, Room 5120, St. Louis, MO 63110-1005.

Ship Monday through Thursday only. Do not ship on Friday, Saturday, Sunday, or the day before a nationally recognized holiday

Patient Study Number: _____

Site Staff Ordering Test:

Name: _____

Institution: _____

Address: _____

Phone: _____

Email: _____

Tracking Number: _____

Shipping Date: ___ / ___ / _____

Name of individual shipping tissue, if different than above: _____

Signature of individual shipping tissue: _____

Check One	Submitted Tissue Type	Please complete below
	Paraffin tumor tissue block	Surgical Pathology Case Number: _____ Block ID: _____ Biopsy Collection Date: _____
	Unstained tissue slides from paraffin tumor tissue block	Surgical Pathology Case Number: _____ Block ID: _____ Biopsy Collection Date: _____ Date slides cut: _____ Number of slides submitted: _____ Section thickness (µM): _____