

EXPERIMENTAL TISSUE RESOURCE (ETR)

PROCUREMENT FORM – Clinical Trials

(ALL sections must be filled in):

Today's Date: _____ Department: _____ Recharge / Account No: _____

Principal Investigator: _____ PI's E-mail: _____

CRC or Lab Manager Name: _____ CRC or Manager E-mail: _____

Fiscal Officer Name: _____ CRC or Manager Phone No: _____

Fiscal Officer Phone No.: _____ Fiscal Officer E-mail: _____

End User or Contact Person: _____ End User's E-mail: _____

_____ End User Phone No.: _____

COMPLIANCE INFORMATION (services will NOT be performed without this information):

Protocol No / Title of Study: _____

Please attach IRB approval letter to your request. If previously attached, list IRB No. _____

Check here if this is a "RUSH" clinical trials sample (turnaround time is 1-3 calendar days). Please indicate desired turnaround time? _____ day.

Authorization Signature (Required field):

By signing below, you certify that the above information is current and correct, and approve payment against the recharge account or agree to pay for services requested.

OR

Principal Investigator

Recharge Account Fiscal Officer

ETR service

Quantity Unit Cost Total Cost

A Archive search by diagnosis (up to 10 cases)	_____	\$75.00	_____
B Archive search for each additional case or by patient identifier	_____	\$3.00	_____
C Retrieval of archival slides or blocks / project up to 10 cases	_____	\$12.00	_____
D Retrieval of archival slides or blocks / additional case	_____	\$1.50	_____
E Slide de-identification or Pathology Report	_____	\$3.00	_____
F ETR consultation time (database, IRB, sample collection, protocol review)	_____	\$65.00	_____
G Pathologist Consultation / hour	_____	\$150.00	_____
H Pathologist Assessment of tumor presence and sufficiency /case	_____	\$50.00	_____

Specimen procurement from ETR

I1 Fresh tissue / Frozen Inventory / OCT embedded frozen tissue, per specimen	_____	\$25.00	_____
I2 FFPE Block Core's Diameter (1, 2,3mm): _____	_____	\$25.00	_____
I3 Fluids, aliquoting simple: /specimen _____	_____	\$10.00	_____
I4 Fluids, aliquoting complex :/specimen _____	_____	\$20.00	_____
I5 COVID-19 remnant specimen :/specimen _____	_____	\$16.00	_____

ETR procurement form - CLINICAL TRIALS

Process User Supplied Samples

J Trim, process, orient, and paraffin embed fixed tissue	_____	\$7.00	_____
M1 Cut FFPE slide (1or 2 sections/slide, on Superfrost+ slide) _____ #cuts/slide	_____	\$4.00	_____

Stain Unstained Slides

O H&E stain	_____	\$2.50	_____
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Stain Unstained Slides

	<u>Quantity</u>	<u>Unit Cost</u>	<u>Total Cost</u>
P Special histochemical stains (click here for availability: _____)	_____	\$10.00	_____
R Immunostain Slides (human tissues only) Core supplies 1° Ab #; click here for selection of available Ab			
R1 Class A antibody: _____	_____	\$17.00	_____
R2 Class B antibody: _____	_____	\$21.00	_____
R3 Class C antibody: _____	_____	\$26.00	_____
R4 Class D Special antibody: _____	_____	\$check list	_____
S Immunostain slides (User supplies 1° Ab and unstained slides) ¶	_____	\$20.00	_____
T Immunostain optimization (For user supplied antibodies)	_____	\$150.00	_____

Subtotal _____

UCI investigators/

Total _____

Outside For-profit / Non-profit (X2.5)

Total _____

For orders not picked-up at UCI or UCIMC:

Shipping : flat rate \$32.50 or please provide your FedEx # _____	_____	\$32.50	_____
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FINAL Total _____

^a Usual turnaround time is 5-10 working days.

[#] Double immunostaining available (unit cost is sum of the two antibodies)

[¶] Indicate specific antibody and conditions/dilutions (optimization may still be needed for core processing)

ETR procurement form - CLINICAL TRIALS

If there are more specific instructions, please describes below, and copy your specific instructions with the cover email or fax when submitting this form.

- For clinical trials, please specify here the name, MRN, and any special requests
- If special embedding is required, please state exact orientation of the tissue.

• For Questions, other special requests, and complex/custom services, please contact:

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