

**Study PI:** Click or tap here to enter text.

**Protocol number or title:** Click or tap here to enter text.

**Cancer type:** Click or tap here to enter text.

**Biopsy time points:** Click or tap here to enter text.

**Biopsy type:** Click or tap here to enter text.

**Needle size:** Click or tap here to enter text.

**What will the specimen be used for?** Click or tap here to enter text.

**Specimen collection method:** Click or tap here to enter text.

**Specimen size requirement:** Click or tap here to enter text.

**Number of actual samples to be taken?** Click or tap here to enter text.

**Where should the specimen be sent?** Click or tap here to enter text.

**Coagulation parameters:** Click or tap here to enter text.

**Study biopsy contact:** Click or tap here to enter text.

**Study biopsy contact email:** Click or tap here to enter text.

**Study biopsy contact phone number:** Click or tap here to enter text.

**Pathology contact:** Click or tap here to enter text.

**Pathology contact phone number:** Click or tap here to enter text.

**Pathology contact email:** Click or tap here to enter text.

**Bill all biopsy related charges to:** Click or tap here to enter text.

**Special instructions:** Click or tap here to enter text.

**\*Please send completed form, copy of protocol, and lab manual (if available) to [ori@iupui.edu](mailto:ori@iupui.edu)**