National Cancer Institute

Medical Sample Request Form

Patient Name: _____ **Date of Birth:** _____

Attn : Department of Pathology

_____

_____

_____

_____

Please send flash frozen tumor samples from surgery anticipated this date: _____.

Please wrap the tumor sample in aluminum foil. Please place as many tumor fragments as possible into a 50 cc conical tube. If there is tumor sample left over, then use additional conical tubes, as required. If the tumor is too large to fit into a tube, then please cut the tumor into as many fragments as needed and then place them into the tubes. Place the 50 cc conical tube/s immediately in a Styrofoam container filled with dry ice. Ship the sample immediately for next day delivery. If the sample is collected on a Friday, please place the sample in a –70C freezer and then ship on Monday.

If there are any questions, please call Dr. Su Young Kim at 301-451-7018 or e-mail kimsuyou@mail.nih.gov

Please do not charge the patient or the patient's insurance company. If payment is required, please call Dr. Kim at the number below to make arrangements.

Please send all material to the following address: (change address for other researchers)

Su Young Kim, MD PhD

Pediatric Oncology Branch, National Cancer Institute, National Institutes of Health
10 Center Drive, Building 10, CRC 1w-3750, Bethesda MD 20892

301-451-7018 phone 301-451-7010 fax kimsuyou@mail.nih.gov

Please contact me with any questions at _____.

I hereby authorize the release of my samples as requested above.

Signature _____ Date _____

(Patient name)