

Specimen Collection Request Form

Name: _____ Title: _____

Organization Name: _____

Department: _____ Division: _____

Address: _____

Phone: _____ Email: _____

Title of Proposal: _____

Funding Agency: _____ IRB Approval #: _____

Abstract of Proposal:

Specimen collection procedures:

Description of the specimens requested (please include clinical data that will profile the specimens, number of specimens required, volume of specimens, and duration of project):

Signature: _____ Date: _____

Please Submit request form, your CV & documentation of IRB approval (including a copy of the IRB submission & consent) to Christine Cavaness, University of Washington, Harborview Medical Center, 325 9th Ave, Box 359930, Seattle, WA 98104-2499; Phone: 206-731-4630; Fax: 206-731-6831; Email: ccavaness@u.washington.edu.

Request Accommodated: Yes No Date: _____
Amount of specimens provided: _____