

☐ Microarray—CGH

Mount Sinai School of Medicine MSSM LABORATORY DEPARTMENT OF PATHOLOGY

MACROMOLECULAR PATHOLOGY CORE BRP-SOP011-SD-A.

Macromolecular core extraction requisition form Submitter Name: _____ Principal Investigator: _____ Submitter Email: ______Funding Number: _____ Submitter Phone #: ______ Date Requested: _____ Sample ID: Sample Collection Date: _____ **Histology Evaluation:** Specimen Type ☐ Fresh Tissue ☐ Frozen Tissue ☐ FFPE slide ☐ FFPE scroll ☐ FNA # Block/Slide/Tube:______ Area of specimen:_____Partial_or__Whole_____ Organ: ☐ Liver ☐ Lung ☐ Brain ☐ Intestine ☐ Heart ☐ Other_____ Tissue Size/ # Tube: □ 3 m□ 6 mm □ Other ☐ Blood ☐ Buffy Coat ☐ Bone Marrow ☐ Plasma ☐ Body Fluid Volume:_____ # Tube:_____ ☐ Buccal Swab □ Saliva Volume:_____ # Tube/Swab:_____ ☐ Cell lines Cell Numbers: # Tube/Plate: ____ Sample Product ☐ Total RNA ☐ microRNA ☐ Genomic DNA ☐ Protein **DNA or RNA or Protein Amount Requested: Downstream process** ☐ Whole Genome Sequencing ☐ Exon Sequencing ☐ RNA Sequencing ☐ Microarray--RNA

☐ Biobanking

☐ Other____

☐ PCR