

# Request Form (human samples)

## HISTOPATHOLOGY UNIT

### CNIO details (to be filled by CNIO staff)

|                 |       |              |           |
|-----------------|-------|--------------|-----------|
| Reception date: | Time: | Received by: | CNIO No.: |
|-----------------|-------|--------------|-----------|

### APPLICANT DETAILS

|                   |             |                |      |
|-------------------|-------------|----------------|------|
| Company/Hospital: | Department: | Shipping date: |      |
| Name:             | Surname:    | e-mail:        |      |
| Address:          |             | City:          |      |
| Country:          | ZIP code:   | Phone number:  | Fax: |

### SAMPLE DETAILS

|   |                      |
|---|----------------------|
| Sample: (*)<br>Fixative: FORMALINE <input type="checkbox"/> OTHER (specify) <input type="checkbox"/> : _____<br>No. of samples: | Identification code: |
| (*) <b>PTS</b> : Paraffin Tissue Section, <b>PB</b> : Paraffin Block; <b>FFT</b> : Formaline fixed tissue;                      |                      |
| Comments:   |                      |

### PATIENT DETAILS

|                                 |  |           |                            |                            |                |
|---------------------------------|--|-----------|----------------------------|----------------------------|----------------|
| Name:                           | Surname:                               | Sex:      | H <input type="checkbox"/> | M <input type="checkbox"/> | Date of birth: |
| Medical history nº: (Mandatory) | National Health Service nº: (Optional) | Comments: |                            |                            |                |

### PATIENT CLINICAL DETAILS

|                         |            |
|-------------------------|------------|
| Diagnosis:              | Treatment: |
| Other data of interest: |            |

### BILLING ADDRESS

|                        |  |                   |
|------------------------|--|-------------------|
| Hospital/Company name: | Contact name (do not repeat if it is the same that the Company name) | VAT No./Reg. No.: |
|------------------------|--|-------------------|

*In compliance with the Spanish laws 41/2002 (Reguladora de la Autonomía del Paciente) and 15/1999 on Personal Data Protection, the applicant should obtain the informed consent of the patient to carry out the requested diagnosis tests and for the treatment of his/her personal data. In accordance with the Spanish law on Personal Data Protection ("Ley Orgánica 15/1999, 13/12/1999") we inform you that all data provided in this registration form will be incorporated into an automated confidential folder, duly registered with the Spanish Agency for Data Protection and owned by the Spanish National Cancer Research Centre (CNIO), with the aim to manage the diagnosis study in the aforementioned form making possible for all the patients whose data is on file to exercise at any moment the right to access, raise an objection, rectify and, at any time, cancel his/her personal data that is supplied to CNIO by sending the respective request to the following address: Centro Nacional de Investigaciones Oncológicas, Secretarías de Dirección, C/ Melchor Fernández Almagro 3, 28029 MADRID*

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## HISTOPATHOLOGY UNIT

| REQUESTED TEST  |
|---|
| HISTOLOGY   |
| <input type="checkbox"/> Tissue embedding <input type="checkbox"/> Decalcification <input type="checkbox"/> Hematoxinin&Eosin staining <input type="checkbox"/> Special Stains: _____<br><input type="checkbox"/> Others: _____ (See available techniques: <a href="http://www.cnio.es/es/servicios/histopatologia/pruebas.aspx">http://www.cnio.es/es/servicios/histopatologia/pruebas.aspx</a> )  |
| IMMUNOHISTOCHEMISTRY  |
| Sample feature:<br><input type="checkbox"/> Human Samples <input type="checkbox"/> Human cell xenograft (Please, contact with <a href="mailto:histopatologia@cnio.es">histopatologia@cnio.es</a> )  |
| <b>REQUEST:</b><br><input type="checkbox"/> Simple staining. Antibody: _____<br>(see available antibodies: <a href="http://www.cnio.es/es/servicios/histopatologia/anticuerpos.aspx">http://www.cnio.es/es/servicios/histopatologia/anticuerpos.aspx</a> ) <ul style="list-style-type: none"> <li>- No. of requested antibodies per sample:</li> <li>- If you need a different chromogen other than the standard, please contact with <a href="mailto:histopatologia@cnio.es">histopatologia@cnio.es</a></li> </ul>   |
| <input type="checkbox"/> <b>Antibody test:</b> <ul style="list-style-type: none"> <li>- Antibody name: _____ - Batch: _____</li> <li>- Company: _____ - Store conditions: _____</li> <li>- Reference: _____ - Data sheet attached: YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>  |
| CHROMOGENIC "IN SITU" HYBRIDATION (CISH)  |
| <input type="checkbox"/> EBER <input type="checkbox"/> Lambda <input type="checkbox"/> Kappa <input type="checkbox"/> ALU II <input type="checkbox"/> Other: _____  |
| LASER MICRODISSECTION   |
| <input type="checkbox"/> Microdissection in normal slides<br><input type="checkbox"/> Microdissection in PALM slides<br>No. of cells: _____   |
| DIGITALIZATION AND IMAGE ANALYSIS   |
| <input type="checkbox"/> <b>Digital slide (AxioScan Z1) nº of slides:</b> _____<br><input type="checkbox"/> Brightfield <input type="checkbox"/> Polarized light<br><input type="checkbox"/> <b>Image analysis (Please, contact with <a href="mailto:histopatologia@cnio.es">histopatologia@cnio.es</a>) nº of slides:</b> _____  |
| TISSUE MICRO ARRAYS PRODUCTION (T.M.A.)   |
| <ul style="list-style-type: none"> <li>Core diameter: It will determine the máximo number of cases to include. Recommended each core per duplicate.               <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 mm (maximum 170 (10x17))   <input type="checkbox"/> 2 mm (maximum 70 (7x10))</li> <li><input type="checkbox"/> 1.5 mm (maximum 150 (10x15))   <input type="checkbox"/> 3 mm (maximum 40 (8x8))</li> </ul> </li> <li>No. of samples: _____ (Please attach sample list as an Excel file)</li> <li>Other techniques on TMA: _____ (*)</li> <li>Embedded slides: <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul> (*) One section and H&E staining included in TMA production. |
| COMMENTS  |
|   |
| RETURN OF SAMPLE SURPLUS  |
| Does the patient want to donate any surplus of his/her sample to the CNIO? The samples will be used in biomedical cancer research projects aiming to advance the knowledge related to the prognosis, diagnosis and treatment of cancer.<br>YES <input type="checkbox"/> The patient should receive, understand and sign the IC for the use of the sample surplus in biomedical research (Law 14/2007), attached to this request form<br>NO <input type="checkbox"/>   |