

RCLD Bio-Repository Request

Please click 'Submit' on the bottom to email the completed form.

Date:		Investigator Name:	
Email:		Department:	
Number of Samples Requested:		Type of Samples:	
Description of Use:			
Description of Use:	Include power analysis if appropriate (attach additional sheet if needed in email)		
Demographic/Clinical Data Requested:			
FOR OFFICIAL USE ONLY			
Reviewed by:		Date:	
Present to Steering Committee:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Return for modification:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Comments:			
Steering Committee Date Reviewed:			
Approve for Use Protocol Submission:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reject: YES <input type="checkbox"/> NO <input type="checkbox"/>	Comments:		