# LUNG TISSUE ARRAY REQUEST FOR SERVICES/AGREEMENT FORM

Please complete all sections. You only need to check relevant options within a section.

**SECTION I**

I would like to request the following service. (Please select one option)

☐ **Option A**:

Utilize sections from existing lung tissue arrays generated by the core.

I agree to:

    ☐ Pay a fee of $_____
    ☐ Complete the required MTA
    ☐ Provide a copy of my IRB approval letter

I am requesting:

    ☐ Unstained sections of lung tissue arrays. No. of sections: _____
    ☐ Matching clinical information (excluding identifiers)

☐ **Option B**:

Request a new lung tissue array block to be generated using tissues banked by the core.

I agree to:

    ☐ Pay a fee of $_____
    ☐ Complete the required MTA
    ☐ Provide a copy of my IRB approval letter

I am requesting:

    ☐ Unstained sections of a lung tissue array: No. of sections: _____
    ☐ Matching clinical information (excluding identifiers)

☐ **Option C**:

Request a tissue array using human or mouse tissues provided by the SI.

I agree to:

    ☐ Pay a fee of $_____

- ☐ Complete the required MTA
- ☐ Select specific areas of lung tissues for the generation of the arrays
- ☐ I would like the residual tissue: (please select one)
    - ☐ Used for future studies with co-authorship
    - ☐ Used for future studies without co-authorship
    - ☐ Returned to me
    - ☐ Discarded

I am requesting:

- ☐ A tissue array block (not sectioned)
- ☐ Unstained sections of the tissue array block. No. of sections: _____

## SECTION II

☐ I have discussed authorship options with the core director and lung pathologist.

☐ I am requesting a study and agree to co-authorship.

☐ I am requesting a service that does not require co-authorship.


_____                    _____
Signature of submitting investigator                    Date


_____                    _____
Signature of core director                    Date