



Icahn School
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CHO LABORATORY SPECIMEN REQUEST FORM

INSTRUCTIONS:

Download and save form on your computer before entering your information in. Please provide the following information and submit the completed form to Nicole Villaverde (nicole.villaverde@mssm.edu) to request specimens from the Laboratory of Dr. Judy Cho. All requests will be reviewed by Dr. Cho, and upon approval, samples will be provided per the stated timeline. You will be required to provide oral and/or written regular updates on your project to the Cho Laboratory meeting.

All samples and data are property of the Cho lab and are being shared as collaboration. No samples or data will be shared with anyone not listed on this form without prior notification to Dr. Cho. If results obtained from this collaboration are published, Dr. Cho must be notified prior to manuscript submission and the following grant must be acknowledged: DK062422.

By submitting this request, you are agreeing to these guidelines.

Date:

Project title:

Project Goal(s) and Aim(s):

Project timeline:

Specimens requested (be as detailed as possible, including type, size, number, etc)

Specimen processing protocol (attach protocol if necessary)



Additional information requested (clinical data, patient recall, etc)

Name of the Principal Investigator:

Name of the Requester:

Signature of the Requester:

For Official Use Only

Approved:

Date:

Project ID#

Start Date:

End Date:

Yes or No

Comments:



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