

**Companion Animal Tumour Sample Bank Sample Application**

Study Title:

**Principle Investigator**

Name and Title

Department and Institution

Address

Phone

Email

**Laboratory Shipping Address**

Shipping Contact

Shipping Address

Phone

Email

Courier Name and Account #

**Samples Requested**

Disease(s)

Number of cases

canine

feline

both

Type of sample (1 vial per sample type per case unless otherwise requested and approved):

fresh frozen tumour

fresh frozen normal

tumour in RNAIater

normal in RNAIater

fresh frozen plasma

fresh frozen serum

fresh frozen urine

tissue sections

FFPE

other

cryosection

