

Cytogenetics Project Request Form

Project Information			
PI Name			
Date Requested (MM-DD-YYYY)			
Assay Requested	Karyotype	FISH	Microarray
Sample Type			
Number of Samples			
Project Description (Please include a brief justification, expected findings, and time frame for your project)			

By checking this box, I confirm that:

1. The materials and sample information manifest **do not include** any Protected Health Information (PHI), including patient names, medical record numbers (MRN), or in house surgical case numbers (e.g., BL, CM, BS, BC, etc.).
2. Materials submitted for this project must have two unique non-PHI identifiers that **exactly match** the sample information manifest.
3. If submitting FFPE slides, the two identifiers must **exactly match** between the unstained slides, H&E slides, and the sample information manifest.

Approval (For CAMD TBC Only)			
Project Approval	Yes	No	
CAMD TBC Personnel Completing Form		Date (MM-DD-YYYY)	
Cytogeneticist Approval		Date (MM-DD-YYYY)	
Service Request Number	CAMD-		