The THL will review and approve all requests for research support prior to the allocation of resources. Please email completed form to thlenquiries@oncology.ox.ac.uk

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| **Requested by:** |  | **Date:** |  | **Project No:*****(Office Use)*** |  |
| **Contact Email:** |  |

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| **Title of Study** |  |
| **Local Principal Investigator** |  |
| **Funding Source:*****To be use for invoicing*** |  |
| **Scientific Rationale:*****Include target/mechanism of action and justify prioritisation in Oxford. Also include potential for altering future clinical practice & risk/benefit for patients.*** |  |
| **Project Background:*****Please give details of any work carried out to date that underpins the project.*** |  |
| **Custodianship:** | **Researchers take full responsibility to ensure samples provided have ethical approval for the period they are with the Translational Histopathology Laboratory.**[ ]  I understand that I take full responsibility for the samples provided |
| **Regulatory Requirements:** | [ ]  GCP under specific trial ethics Trial Protocol Number …………………………………………………… End Date ……………………………[ ]  Clinical samples under project specific ethics Ref Number………………………………………………………………….… End Date …………………………...[ ] HTA/Biobank Samples Project/Ethics Ref Number……………………………………………… End Date ……………………………[ ] Other (please state)  Ref Number …………………………………………………………………… End Date …………………………… |
| **Publication Policy:*****THL contribution acknowledged.*** |  |
| **Assays/Processes Required**Select the services you are interested in along the left, indicating the quantity of the slides/samples/etc needed. |
| Tissue Processing [ ] Samples must be provided already fixed, preferably in clearly labelled cassettes. | Number of Samples |  |
| Tissue Embedding [ ]  | Number of Samples |  |
| Paraffin Sectioning [ ]  | Number of Blocks | Number of Slides/Block |
|  |  |
| H&E [ ]  | Number of Slides |  |
| IHC [ ]  | Single [ ]  | Double [ ]  |
| Number of Antibodies | Number of Slides | Number of Antibody Pairs | Number of Slides |
|  |  |  |  |
| Multiplex IF [ ] :Up to 6 Antibodies + DAPI.Recommendations:* Use TOMO slides for maximum tissue adherence.
* Place tissue as centrally as possible on the slide.
* One tissue section per slide.
* If intending to overlay images, tissue placement and orientation must be as similar as possible across each slide.
 | Number of MP panels |  |
| Number of Antibodies/panels |  |
| Number of Slides/panels |  |
| Antibody List/Comments |
|  |
| Will Antibodies be provided? YES [ ]  NO [ ] A positive control slide will be added to each staining run. Do you require an isotype control as well? YES [ ]  NO [ ]  |
|  |
| Brightfield Scanning [ ] :Please provide a hard drive to save scans. QPtiff file format. | Number of Slides |  |
| Mag x10 [ ]  x20 [ ]  x40 [ ]  |
| Multiplex IF Imaging [ ] :Please provide a hard drive to save required files. Due to the nature of the file size we can only store data till end of project.We can advise of size required.  | Whole Scan Image [ ]  x10 [ ]  x20 [ ]  (raw 5 filter cube image, qptiff file format.)  |
| MSI /batch analysis [ ]  (x20 spectrally unmixed stamps ready to import into analysis software for whole image unmixed image, tif file format.) |
| Whole slide image fused in HALO [ ]  (X20 spectrally unmixed, tif file format.) |
| Scoring/Analysis [ ] :Please add a brief description of requirements. | Number of Slides | Comments |
|  |  |
| RNA Scope [ ] :Refer to ACD Biotechne’s recommendations on tissue preparation.Every sample will need to be tested with the positive control probe initially.A suitable control tissue will need to be provided.  | Single ISH [ ]  | Double ISH/IHC [ ]  |
| Number of Probes | Number of Slides | Number of Probes | Number of Antibodies | Number of Slides |
|  |  |  |  |  |
| Probe/Antibody List/Comments |
|  |

***Please provide a paper sample log with your samples, as the lab won’t be able to accept samples otherwise.***

***Internal Office Use Only***

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| Lab Comments | *Office Use* |

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| Pathologist Comments | *Office Use* |

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|  Date Quote Sent  | *Office Use* | Date Quote Accepted  | *Office Use* |

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| --- | --- | --- | --- |
| Date Project Approved  | *Office Use* | Estimated completion Date  | *Office Use* |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Invoice Sent | *Office Use* | Date Payment Received | *Office Use* |