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](mailto: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 | | | | | | | | |
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***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* |

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