

Tissue MicroArray (TMA) Request Form

UAB Tissue Biorepository (TBR) -Pathology Core Research Lab (PCRL)
Department of Pathology

I. REQUIREMENTS FOR TMA CONSTRUCTION

- **IRB approval or documentation of IRB review (e.g., non-human subjects designation or exemption). A COPY OF THE APPROVAL, EXEMPTION DESIGNATION or IRB REVIEW SHOULD BE RETURNED WITH THIS COMPLETED FORM.**
 - TMA Report will include TMA map with either Identified or De-identified information, based on the type of IRB approval of the requester
 - De-identified report (standard report) will include TMA Map and spreadsheet showing basic information:
 - Donor#
 - Sex/age/race
 - Diagnosis
 - Identified Report will include identified patient information in addition to the information provided in the standard de-identified report to the requester.
 - Acknowledgment in resulting publications of TBR/PCRL along with your affiliation with UAB center (e.g. Cancer Center)
- For additional information, contact TMA Technician John Ness at johnness@uabmc.edu or by phone at 205-934-4415.

II. INVESTIGATOR DATA

A. Principal Investigator/Title: _____

Department: _____ Campus Address: _____

E-mail Address: _____ Phone : _____

Contact Person: _____ Phone: _____

Contact's E-Mail Address: _____

Collaborative Pathologist (CP) _____ Phone: _____

CP's E-Mail Address: _____

Is the PI a member of the O'Neal Comprehensive Cancer Center? Yes No

Is your request supported by an O'Neal voucher? Yes No

If Yes, please provide a copy of the voucher with the request form.

The information of applying for O'Neal voucher can be found through the link below:
LINK _____

III. REQUEST SCENARIOS

**For more detailed description of Scenarios and Pricing please refer to supplement file of TMA rates
TMA Block Generation**

- Scenario 1 : Donor blocks from UAB-TBR or Anatomic Pathology (AP) archived cases with CP
- Scenario 2 : Donor blocks from UAB-TBR or AP with No CP
- Scenario 3 : Donor blocks (human or animal) provided by requester.

TMA Slide Sectioning

- Scenario 4 : Sectioning Request of existing TMA blocks generated/banked in TBR-PCRL.
- Scenario 5 : Sectioning Request of outside TMA blocks provided by the investigator

IV. REQUEST DETAILS

A. TMA Block Generation

1. **Source of Donor Blocks and Corresponding H&Es:**

- TBR Blocks & Slides
- AP Archival Blocks & Slides
AP Pull# (Archival Case Retrieval ID): Blocks _____ Slides _____
- Provide your own Donor Blocks & Slides

2. **Required Information with Donor Blocks:**

- List of Donor Block IDs including:
 - Number of Cores per Block
 - Number of Cores per Area of Interest if there are multiple per block (cancer, uninvolved, etc.)
- For human tissue, provide the basic demographic information (Sex/Race/Age/Diagnosis) if available.

3. **Matching Donor H&E**

- H&E slides should reasonably match the current block surface area
 - If the H&E does not match the surface, a new H&E should be made.
- Circle area of interest for coring and distinguish between different areas of interest (cancer, uninvolved, etc.) with color or notation on H&Es
- Provide H&Es paired with their block (example image 1 on page 4)

4. **Core Size:** 2mm* 1mm 0.6mm

*TMA 2mm core map examples can be found in Image2.1-3 on page 4

5. **Control tissues provided by Tissue bank** (Tonsil and Spleen are use for orientation control in every block)

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Tonsil | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Spleen | <input type="checkbox"/> Placenta | <input type="checkbox"/> Uterus |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Prostate | <input type="checkbox"/> Provide Other _____ |

B. TMA Slide Sectioning

1. **Source of TMA Blocks:**

- Tissue Bank TMA: TMA#/R# _____ (example: TMA 21 R1-3)
 - If TMA# & R# are not known contact TMA Technician with tissue criteria to check existing TMA tissue for matches.
- Outsides TMA

2. **Number of Sections per TMA Block:** _____

3. **Do you need fresh cuts:** Yes No (slides will come from storage)

4. **Do you plan to have special or IHC stains done on requested slides in Path. Core Lab:**

- Yes No What Special Stain/IHC Antibody: _____

V. RESEARCH SUMMARY

Please provide us with a title and short research summary of your proposed research intent with the TMA that you are requesting.

Title:

Research Summary:

Please list below all grants which will utilize TMA's constructed by the PCRL the preparation of our grant renewal for the continuation of this facility): (This information will be useful for

<u>Grant # or Identification</u>	<u>Funding Source (Agency)</u>	<u>Period of Support</u>
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AGREEMENT FORM

UAB TISSUE BIOREPOSITORY (UAB-TBR)

I. Acknowledgement Agreement

I hereby agree to **acknowledge the contribution of the UAB-PCRL in all publications resulting from the use of these tissues.**

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS ABOVE:

Typed or Printed Name

Title

Signature

Date

Division or Department

Image 1



Image 2-1 2mm core design

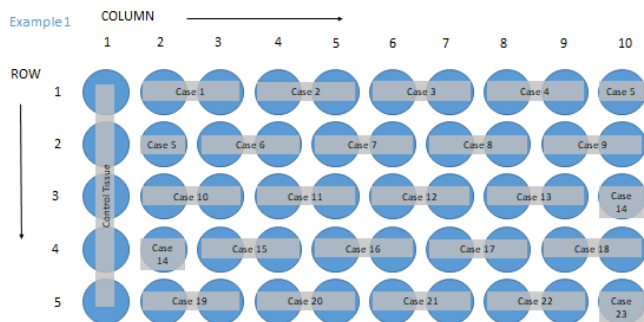


Image 2-2 2mm core design

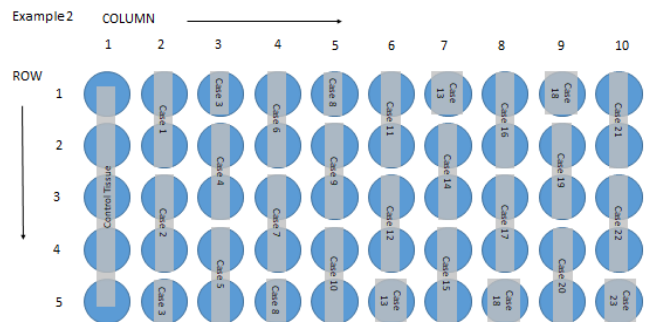


Image 2-3 2mm core design

