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**Proposed Immunoperoxidase Research Studies**

**(Return to Sheryl Tripp for approval by the medical director)**

1. Title of Project: Click or tap here to enter text.
2. Investigators: Click or tap here to enter text.
3. Brief outline of what will be studied, (purpose of project):

Click or tap here to enter text.

1. Estimated number of blocks submitted: Click or tap here to enter text.
2. List antibodies requested for project: Click or tap here to enter text.

(Development cost for tests not available will be added to the cost of the project)

1. Who will be responsible for collecting appropriate blocks & controls: Click or tap here to enter text.
2. Who will be responsible for interpretation / evaluation of stains (is a pathologist needed to assist in interpretation and evaluation of stains): Click or tap here to enter text.
3. Grant or funding source to pay for materials **(List ARUP account number):**

Click or tap here to enter text.

1. IRB number (**REQUIRED FOR HUMAN SAMPLES**): Click or tap here to enter text.
2. List species of tissue: Human /Xenograft /Other (list species) Click or tap here to enter text.
3. Estimated project completion date: Click or tap to enter a date.

(Once target date is reached, project will be reassessed)

1. Comments: (Please list contact information: name, phone number and email address.)

Click or tap here to enter text.

1. Billing Address/email address: (**REQUIRED TO SEND INVOICE**)

Click or tap here to enter text.

Click or tap here to enter text.

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT STATEMENT**

**The research and development section of Hematopathology would ask that all investigators include an acknowledgment statement crediting the ARUP Research Institute and staff in all publications and submit the publication information to trippsr@aruplab.com.**