**BioNet​ ​Specimen​ ​Procurement​ ​Request Form**

* Confirm a signed BioNet Procurement Agreement exists for the study (required for BioNet services).
* As soon as a study patient is scheduled, email this form to [bionet@umn.edu](mailto:bionet@umn.edu)
* If the procedure is cancelled or rescheduled, please inform [bionet@umn.edu](mailto:bionet@umn.edu) ASAP.
* Drop off any collection supplies the day before the procedure to Mayo C338.
* Please provide a copy of the signed consent document to BioNet if not already scanned into in EPIC.

**A. Study​ ​Information:**

Date Request Submitted:​       OnCore #:

PI:

CTSI Portal # (5 Digit # in OnCore):

Project Title:

Coordinator Name:       Department:

Contact Phone/Email:

Backup Coordinator Contact (Name/Email/Phone):

**B. Patient/Procedure​ ​Information:**

Patient Name:

MRN:       DOB:

Date of Procedure:       Time of Procedure:

Location of Procedure (IR/OR):       Tissue Type/Biopsy Site:

Collection Supply Drop-Off Date:

**C. Procedure​ ​Instructions**

Procedure instructions are detailed in signed BioNet Procurement Agreement

Special Notes:

**To be completed by BioNet (if applicable)**

Time specimens removed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time specimens preserved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of cores collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specimen ID(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_