

TUFTS MEDICAL CENTER

RESEARCH REQUEST INFORMATION FORM

REQUESTING/CONTACT PERSON:	PHONE/EMAIL #
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INSIDE HOSPITAL CLIENTS

GRANT #: (Please fill in all 28 digits number account) NEMC ACCT: 250 - _____ - 7680 - _____ - 54005 <i>(e.i.: 250 - 65852 - 7680 - 1200000000 - 54005)</i> PRACTICE ACCT: _____	Research Number: <h2 style="margin: 0;">TR12 -</h2>
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P.O. # (MUST BE PUT ON ALL INVOICES AND IS REQUIRED BEFORE WORK CAN BE DONE)

PERSON INVOICES SHOULD BE SENT TO: <i>(Please include email address)</i>	
DEPT NAME AND BOX #:	

OUTSIDE CLIENTS (INCLUDING TUFTS)

PERSON INVOICES SHOULD BE SENT TO: <i>(Please include email address)</i>	
COMPLETE ADDRESS AND PHONE NUMBER:	
TUFTS DEPT NAME AND BOX #:	

WE CAN NOT ACCEPT A TUFTS GRANT (A CHECK WILL BE MADE OUT)

SAMPLES SUBMITTED

TISSUE TYPE: _____	No. of items I am submitting: <input style="width: 50px; height: 20px;" type="text"/>	Unprocessed Cassettes
TYPE OF WORK TO BE DONE: _____ _____ _____	<input style="width: 50px; height: 20px;" type="text"/>	Paraffin Blocks
SPECIAL INSTRUCTIONS: _____ _____ _____	<input style="width: 50px; height: 20px;" type="text"/>	Stained or Unstained Slides
	<input style="width: 50px; height: 20px;" type="text"/>	OTHER:

COMPLETED WORK PICKED UP BY: _____ DATE: _____

SO WE MAY SERVE YOU BETTER, PLEASE fill in all required SPACES and write legibly