HUMAN TISSUE RESOURCE CENTER
HTRC BIOBANK

Body Fluids: Billings P-524; 4-5570; tube 461
Tissue: CCD 2-470; 4-1975; p7325; tube 230

Questions: tissuebank@bsd.uchicago.edu
Collection forms: https://voices.uchicago.edu/htrc/forms/

FOR RESEARCH-ONLY BODY FLUIDS or TISSUE

Subject First and Last Name or Study ID: ________________________________
MRN: ______________________________________________________________
Collection Date (REQUIRED for compliance): _____________________________
Collection Time (REQUIRED for compliance): _____________________________
Specimen Quantity:

[ ] Blue/Citrate
[ ] CPT (Green-Red/Blue-Black)
[ ] Gold/Clot-Activator
[ ] Green/Heparin
[ ] Lavender/EDTA/PPT
[ ] PAXgene (RNA/DNA)
[ ] Red/Tiger/Seum/SST
[ ] Royal-Blue/K2EDTA
[ ] Streck/Cyto-Chex BCT

[ ] Bone Marrow
[ ] Feces
[ ] Saliva
[ ] Urine
[ ] Cyst Fluid:

[ ] Tissue (fresh/block/slide):

[ ] Immediate pick-up
[ ] Embargo/Storage

Other (specify tube type) __________________________
Other (specify specimen type) __________________________