BRIGHAM AND
WOMEN'S HOSPITAL

CIRCULATING TUMOR CELL CORE LABORATORY - REQUISITION FORM

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REQUIRED CLIENT INFORMATION:
Principal Investigator_____
Additional Contact_____
Results via mail, fax, or both: _____
Address_____
_____
_____
Fax_____
Email_____
Telephone_____

Billing Information:

Partners Institutions:
Peoplesoft Business Unit: _____
Fund # _____
Partners Fund End Date: _____

All Others (including DFCI):
Email Invoice to:
_____

Tube	Sample ID #	Protocol #	Draw Date	Draw Time	Service Requested (check one)*
1					☐ Enumeration ☐ Profile Kit (select one) ☐ cytospin ☐ tube
2					☐ Enumeration ☐ Profile Kit ☐ cytospin ☐ tube
3					☐ Enumeration ☐ Profile Kit ☐ cytospin ☐ tube
4					☐ Enumeration ☐ Profile Kit ☐ cytospin ☐ tube
5					☐ Enumeration ☐ Profile Kit ☐ cytospin ☐ tube

* Enumeration uses an Epithelial Cell Kit and provides a numerical result.
* Profile Kit isolates cells for downstream analysis.

For Lab Use Only:

Comments			
Initials			

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