**Date:**

**Delivery Address:**

**Research and Development**

**Study/ Project Title**

**Study Number:**

**Patient study number/**

Consent Form Version:  Date of consent:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Slides | Blocks | Fresh tissue  Blood | Fresh tissue  pleural | Solid Tissue |
| Total number sent |  |  |  |  |  |
| Sample ID/  barcode |  |  |  |  |  |
| Temp samples sent out |  |  |  |  |  |
|  |  |  |  |  |  |

Solid tissue – Fresh / fixed

Sample Type(s)**:**

Slides Total Number sent: Blocks Total Number sent:

Fresh Tissue Total Number sent: Temperature: Fridge / Frozen Total Number sent:

Fresh with Media (If ticked please specify below) Total Number:

Media Used:

Packaged by:

Received By

Company/Researcher:

Print Name:

Signature:

Date:

*Please check the content of this delivery. Complete the grey box in full and sign accordingly to confirm receipt of contents. Please email the completed form back to the relevant R&D team/project contacts.*