

SingHealth Tissue Repository

Request to Initiate New Collection (SHS-RSH-STR-REC-4013)

DEPOSITING CLINICIAN / CLINICAL DEPARTMENT / PI

Institute: _____ Department: _____
 Name: _____ MCR No.: _____
 Designation: _____ Telephone No: _____

REPRESENTATIVE DETAILS

(If the collection is as a department collection and different from the above)

Name : _____ MCR No: _____
 Designation: _____ Telephone No: _____
 Email: _____

COLLECTION TYPES: (GENERAL)

Tissue Type / Diagnosis: _____

Tumour Tissue : Normal Tissue: Whole Blood :

Serum : Plasma: Buffy Coat:

Others: 1. _____
 2. _____

SIGNATURE OF APPLICANT

 Name and Signature of applicant Date

ACKNOWLEDGEMENT BY

 Name and Signature of Applicant's Head of Department Director of SingHealth Tissue Repository
 Date: _____ Date: _____