

**Cancer Center Comprehensive Tissue Services**

**Johns Hopkins University School of Medicine**

**Slide Scanning Order Request**

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| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Primary Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (required)  Is the P.I. a member of the cancer center?: \_\_Y \_\_N  **Budget #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (required)  P. I. Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  P. I. Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  P. I. email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contact Person,**  **if not PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (required)  Contact Person’s phone #, :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person’s email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the Project: \_\_\_New \_\_\_Ongoing  Scanning Obj.: \_\_\_5x \_\_\_20x \_\_\_40x  Total # of Slides To Be Scanned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Slide Type (check one):  \_\_\_Cytology slide  \_\_\_Histology slide  \_\_\_ TMA (segmented)  \_\_\_ TMA (native – no segmenting)  File Transfer Method (check one or more):  \_\_\_ DVD  \_\_\_BUI (DeMarzo’s Lab Only)  \_\_\_ External Drive  \_\_\_ Web Download  \_\_\_ Spectrum  \_\_\_ TMAJ |

Special requests/Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Scanning Completed□ Images Deployed□ Last Updated Jul\_26\_2012