**中科院上海营养与健康研究所肿瘤样本使用申请单**

申请编号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 | | 联系电话 | | | | | | | | E-mail | | | |
| PI姓名 | | 联系电话 | | | | | | | | E-mail | | | |
| 课题组 | | | | | | | | 日期 | | | | | |
| 所属课题名称  基金名称及编号  课题起止年月 | | | | | | | | | | | | | |
| 研究计划（请写明课题名称及研究计划，重要，请认真撰写，可加附页）  我/我们保证提供的信息为尽本人所知并且确保准确。 | | | | | | | | | | | | | |
| 对所申请标本的要求 | 肿瘤病种 | | | | | 标本类型 | | | | | | | |
| 标本数量 | | | | | 其它要求 | | | | | | | |
| 标本类型 | **冰冻组织**  DNA 癌 癌旁  RNA 癌 癌旁 | | | **石蜡组织**  切片  癌 正常 | | | | | **血 清**  肿瘤  对照 | | **血 浆**  肿瘤  对照 | | **淋巴细胞**  肿瘤  对照 |
| 申请人姓名 | | | 研究组 | | | | 申请编号 | | | | |
| **标本号**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | | **1** |  |  |  |  |  |  |  |  |  |  | | **2** |  |  |  |  |  |  |  |  |  |  | | **3** |  |  |  |  |  |  |  |  |  |  | | **4** |  |  |  |  |  |  |  |  |  |  | | **5** |  |  |  |  |  |  |  |  |  |  | | **6** |  |  |  |  |  |  |  |  |  |  | | **7** |  |  |  |  |  |  |  |  |  |  | | **8** |  |  |  |  |  |  |  |  |  |  | | **9** |  |  |  |  |  |  |  |  |  |  | | **10** |  |  |  |  |  |  |  |  |  |  |   总数 份 | | | | | | | | | | | |
| 标本库负责人审核意见  日期 | | | | | 接受标本确认签名  日期 | | | | | | |
| **标本输出执行情况 执行人**  **年 月 日** | | | | | | | | | | | |

**\*申请人利用本标本发表的论文请注明标本的来源并提供论文给标本库存档**