

LONG TERM STORAGE REQUEST FORM

UVA Biorepository & Tissue Research Facility (BTRF)

Direct Questions to:

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Completed forms should be emailed to Pat Pramoonjago at the email listed above, or delivered to the BTRF office in person.

Date: _____ Principal Investigator: _____

UVA Member: ☐ YES ☐ NO

Contact: _____

Phone #: _____

Email: _____

Address (if outside UVA): _____

Work Tag (use "N/A" if using another form of payment): _____

Method of Payment if Other Than Work tag: _____

Samples being supplied:

☐ Cell lines

☐ Frozen Tissue

☐ Fixed Tissue

☐ Other _____

Describe Method used to preserve your specimen (if applicable)

Desired long-term storage

☐ (Frozen storage) minus 80 degrees C

☐ Minus 30 degrees C

☐ Liquid nitrogen storage

Frequency of access:

Downstream Application (if applicable):

Please provide the sample type per box and the desired storage temperatures in the table below

Sample Number	Sample type	No. of boxes*	Storage Temperature	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				

*Charges shall be determined by the number of boxes

The client is responsible for keeping the inventory of samples contained in the boxes