

Immunotherapy Assessment Core (IAC)

Vectra 3 Requisition Form

320 E. Superior St, Tarry Building, Rm 4-730, Chicago, IL 60611

Email: iac@northwestern.edu; Phone: 312-503-7898

General Information

Date: _____ Cancer/SBRDC Member: Yes No

Requester Name (if not the PI): _____

Requester Email: _____

PI Name: _____

PI Email: _____

Name of the Project: _____

Sample Origin (human, mouse, etc.): _____

Sample type (brain, tumor, etc.): _____

Number of sample slides: _____

Staff-assisted Imaging (whole slide or MSI): Yes No

Staff-assisted Panel Design: Yes No

Staff-assisted Data Analysis: Yes No

Antibody Information

Marker: CD3, CD4, etc.

Clone and Opal Dye: Include if known. Otherwise, leave columns blank

ID	Marker	Clone	Opal Dye
1			
2			
3			
4			
5			
6			

Project Description

Briefly describe the goal(s) of the project and specify which marker(s) are likely to co-express: