

Research Request for Anatomic Pathology Services



Submit to:

Jorge Almenara, PhD
Director of APRS
VCUHS
P.O. Box 980662
Telephone (804)-628-2949

Date: _____

Principal Investigator: _____ **Telephone:** _____

Experimental Project Title: _____

Name of pathology faculty with whom you would like to collaborate on this project:

Goals and descriptions of project: *(Append 1 page abstract) Note: This request will require prior approval by APRS committee. Please append a copy of the application to this request.*

Funding source: _____ **Grant No.:** _____

Dates: 1) **Start:** _____ 2) **Completion:** _____

Signature of investigator: _____ **Date:** _____

APPROVAL:

_____ **Date:** _____

Celeste N. Powers, MD, PhD, Chair Division of Anatomic Pathology

_____ **Date:** _____

Davis Massey, MD, PhD, Director, Surgical Pathology