

BIO-REPOSITORY REQUEST FORM



Principal Investigator Information

Principal contact: _____ Email: _____

Department/institution: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Lab Phone: _____ Fax: _____

Laboratory Shipping

Same as principal investigator: Yes No

Shipping contact: _____ Email: _____

Department/institution: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Lab Phone: _____ Fax: _____

Billing Address

Same as shipping address: Yes No Same as principal investigator address: Yes No

Billing contact: _____ Email: _____

Department/institution: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Lab Phone: _____ Fax: _____

Study Information

Study title: _____

Proposed start date: _____ IRB number: _____

Do you have sufficient funding for the acquisition of the requested samples? Yes No

If yes, please specify source: _____

Approval date: _____ Grant number: _____

What is the purpose/scientific rationale? *(Please provide a brief summary of the data/research that supports your hypothesis.)*

Clinical Data

Specimen criteria: Age:

Gender:

Race:

Diagnosis:

Check all that apply:

- Donor demographic information (e.g. age, sex, vital signs)
- Surgery (e.g. procedure types and dates)
- Histology and diagnosis details (e.g. histologic type, stage, grade)
- Sample collection details
- Radiotherapy (e.g. intent, start and end dates, dose)
- Systemic therapy (e.g. intent, start and end dates, regimen and agent details)
- Family history of cancer
- Toxicities relating to treatment
- Patient history (e.g. prior cancers, history of smoking, risk factors)
- Outcome/follow-up (e.g. progression/recurrence status, disease-free period)
- Other:

Specimens List

Specimen type (check all that apply and enter quantity):

- Blood
- Plasma
- Stool
- MNCs
- Saliva
- Tissue
- Serum
- Urine
- Other

What types of tissue/specimens and specific annotations are you requesting?

Justification of the number of specimens:

Details of study logistics (Outline the details of your study logistics and methodology and what tests and analysis you will be conducting on the sample.):

I have completed CITI or other approved biosafety training on handling human tissue and blood: Yes No

I have passed the human subjects protection course: Yes No

Documentation for completion of the above requirements is not required at this time but may be required in the future.

Publication Acknowledgment

If research supported by the Scripps Bio-Repository results in publication, please acknowledge this support by including the following in your publication(s): *We thank the Scripps Bio-Repository for providing us with the samples used in this study.* Additionally, please add the Scripps Bio-Repository staff as co-authors if they aided in the preparation of the manuscript and/or provided intellectual input.

Please notify the Scripps Bio-Repository at **Kurian.Sunil@scrippshealth.org** of the publication, and attach a pdf copy.