

# 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 **case.jamie@scrippshealth.org** of the publication, and attach a pdf copy.