University of Pennsylvania
Division of Precision and Computational Diagnostics

Center for Personalized Diagnostics
Molecular Pathology
Clinical Cytogenetics

Version 1.1

BIOSAMPLE FOR RESEARCH REQUEST FORM

Date of request:

A. INVESTIGATOR INFORMATION

Principal Investigator Name	**Contact Name (If different than PI)**
Title:	**Title:**
Email:	**Email:**
Phone:	**Phone:**
Fax:	**Fax:**

List Co-Investigators and their institutions (if different):

B. RESEARCH PROJECT

Project Title:
Grant Title (if different):
Principal Investigator on grant (if different):
Grant number and dates:
Funding Source:
IRB approval number and expiration date: **Please attach or fax a copy of the IRB committee approval letter
Clinical Trials Scientific Review and Monitoring Committee approval: ☐**Y** ☐**N** ☐**N/A** **Please attach or fax a copy of the committee approval letter if applicable
Consent for use of Biomaterials (or waiver) ☐ **Y** ☐ **N** ☐ **Waiver**

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C. SAMPLE REQUEST

1. Criteria for case selection
Provide details on all criteria that apply for sample selection including disease state, relevant dates of testing, age, gender, sample type, type of test performed, etc.

2. Sample type and total number of samples requested Check all that apply

☐ DNA	#_____	☐ Fixed Pellet	#_____
☐ RNA	#_____	☐ Cytogenetic Slides	#_____
☐ Total Nucleic Acid	#_____	☐ Other:_____	#_____

3. Detailed description of biosample request
For each sample type (DNA, RNA, etc) indicate the desired sample characteristics such as amount of nucleic acid, volume, concentration, fixative of source material, mutation status etc.

4. Database information requested for each sample (if available)

☐ Mutation status (specify gene(s):_____)
☐ Other; specify: _____

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D. PROJECT SUMMARY (REQUIRED):
Please provide a brief (<200 words) abstract with the aims, hypothesis, and research plan of the project in which the samples will be used. Include a justification for the amount/regions/sample type being requested and how the sample will be used. Also provide any relevant references (not part of word limit). IF USING MS WORD ADD NECESSARY SPACE BELOW, OTHERWISE COMPLETE ON SEPARATE SHEET AND ATTACH.

E. PUBLICATION INFORMATION

Is this project likely to lead to publication? ☐ Yes ☐ No
If yes, how will PCD investigators be recognized? (Appropriate acknowledgement as authors must be agreed upon prior to obtaining samples)

1. In addition you will be required to provide annual updates on publications, funded grants and other research accomplishments attained using these samples.
2. Finally, you will provide the PCD with a PDF of any publication(s) using these samples for divisional reporting purposes.

Please indicate your agreement to abide by the above statements
☐ I agree ☐ I do not agree; specify concern:

PI Signature:_____

PI Signature:_____

F. FINANCIAL ARRANGEMENTS

Proposed plan for cost sharing:

G. LEGAL ARRANGEMENTS
A Material Transfer Agreement (MTA) is required for samples sent outside of Penn.
See Penn ORS Website for further information:
http://www.upenn.edu/researchservices/materialtransfer/

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H. DISCLAMIERS

I accept full responsibility to insure that proper safe handling techniques are employed when working with human biosamples. However, I understand that the University of Pennsylvania and the PCD cannot guarantee that specimens were not exposed to or infected with contagious organisms.

_____ _____

Signature of Principal Investigator **Date**

PLEASE NOTE:

Requests are filled in the order in which they have been approved. It is the goal of the University of Pennsylvania Division of PCD to fill all requests within ~4 weeks of approval, but this may not be possible at times due to staffing. If you have any special time constraints, please contact our staff and we will do our best to accommodate the request.

INSTRUCTIONS

Completed forms should be submitted to Samantha DiPompeo: samantha.dipompeo@pennmedicine.upenn.edu or by fax to 215-898-9817

All requests for biosamples in the Division of PCD are reviewed by an executive committee. Requests are reviewed in the order received and all attempts made to complete the review in a timely manner. A response following the review process will include a brief summary regarding feasibility, estimated cost, availability of specimens and estimated time to completion.

ADDITIONAL UPENN CONTACTS FOR ASSISTANCE:

Division of Precision and Computational Diagnostics:
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