

FEIST-WEILLER CANCER CENTER BIOREPOSITORY

Director: R. Ellen Friday, PhD

PROCEDURES FOR BIOSPECIMEN APPLICATION

Research using human biospecimens requires prior approval from the IRB. To verify IRB approval, the applicant must provide the IRB protocol number and dates of approval. In some cases, approval through the Oversight Committee will be sought.

Requests for biospecimens must be made on the official request form found below. All requests will be reviewed by the director of the Biorepository who may also respond to specific questions.

Requests for large numbers of specimens or for those that are in limited supply could occasionally be challenging. In this case, the Oversight Committee will have to assess whether the intended use is scientifically justifiable, feasible or high priority. The applicant may be asked to respond to the committee's comments in

Some specimens may have been contributed to the Biorepository on the condition of prior permission by the contributing investigators (shared research intent). Before distributing specimens from this resource, the Biorepository will request written permission from the contributor

The completed and signed FWCC-Biorepository Sample Request Form, approved IRB Protocol, and any other relevant documents should be emailed to:

Jimi R. Murph, MHA, MLS(ASCP)
Supervisor - Feist Weiller Cancer Center Biorepository
School of Medicine (Building B) Room 6-220
jimi.murph@lsuhs.edu

Additional documents may be requested by the Oversight Committee. The Biorepository will provide the requested specimens to the applicant upon receipt of the required documentation contingent on availability.

FWCC - Biorepository Sample Request Form

1. APPLICANT INFORMATION	
PRINCIPAL INVESTIGATOR (PI)	
Name	
Department	
Room/Lab Number	
Telephone Number	
E-mail	
2. PROJECT INFORMATION	
PROJECT TITLE	
IRB Number	
Proposed Start Date	
PURPOSE (Select all that apply)	
<input type="checkbox"/> Current project or need	<input type="checkbox"/> Journal publication
<input type="checkbox"/> Feasibility for future project	<input type="checkbox"/> Abstract submission
<input type="checkbox"/> Preliminary work for grant application	<input type="checkbox"/> Other
FUNDING	
Do you have sufficient funding for the acquisition of the requested sample (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify source: _____	
Approval Date: _____	Grant Number: _____
PROJECT SUMMARY	
DESCRIBE EXACTLY HOW YOU WILL BE USING THE BIOSPECIMENS	

3. SAMPLE SELECTION CRITERIA

Diagnosis	
Other Conditions (please specify if required: age, race, gender, stage of disease, tumor/benign, etc.)	

Type of Sample	Number of Requested Cases/Specimens
<input type="checkbox"/> Fresh Frozen Tissue	
<input type="checkbox"/> Serum	
<input type="checkbox"/> Plasma	
<input type="checkbox"/> Whole Buffy Coat	
<input type="checkbox"/> Bone Marrow	
<input type="checkbox"/> FFPE Blocks	
<input type="checkbox"/> Other (please specify)	

4. CONDITIONS OF USE AND USER AGREEMENT

By submitting this application, I as the Principal Investigator, agree to the below conditions of use.

I understand that via my application I am agreeing to the following statements and terms (please check each box below):

- I agree that samples will not be provided until a signed copy of the application form, IRB approval and approval of specimen/data request application have been received.
- I agree that I will maintain the privacy and confidentiality of the data and not access protected health information linked to specimens except as specifically approved by the IRB.
- I agree that the material will not be used for other studies, or distributed to third parties, unless prior approval has been obtained from the FWCC- Biorepository. Biospecimens will not be used for commercial purposes.
- I realize that there is the potential that this human biological material may contain infectious agents, and therefore will handle it appropriately.
- I agree that applications by researchers for samples and data must be scientifically sound and demonstrate that the material will be used efficiently.
- I understand that due care is taken by pathologists and Biorepository staff to correctly select and identify tissue. However, the Biorepository and the contributing departments cannot make any guarantees for the status of the samples. Biorepository staff will use best practice methods for handling, processing and storage to ensure highest possible quality of specimens.
- I agree to acknowledge and provide FWCC-Biorepository with copies of any abstracts, publications, and/or grant applications (including approval status) resulting from the use of FWCC-Biorepository materials or services.
- I understand that failure to adhere to these terms, will be deemed non-compliant with FWCC-Biorepository policies and could result in the loss of the opportunity to use FWCC-Biorepository biospecimens and data in the future.

Requesting Scientist Signature

Date

APPLICATION APPROVAL STATUS

For use by FWCC-Biorepository

- Request Approved
- Request approved with modification (s) specified below
- Request forwarded to Oversight Committee

COMMENTS

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Director, Biorepository Signature

Date

For use by Oversight Committee

- Request Approved
- Request approved with modification (s) specified below
- Request Denied

COMMENTS/MODIFICATIONS

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Chair, Oversight Committee Signature

Date