

BIOSPECIMEN PRE-ANALYTICAL VARIABLES (BPV) REQUEST FOR BIOSPECIMENS

Please complete this request form to access BPV biospecimens and submit the completed form to bpv@vai.org. The form will be reviewed and approved by the joint National Cancer Institute/Van Andel Research Institute access committee according to the criteria for approval (see page 4) prior to release for distribution.

Principal investigator information			
First name:	Middle initial:	Last name:	
Salutation:	Degree:	Title:	
Mailing address			
Institution:			
Department:			
Address 1:			
Address 2:			
City:	State:	Zip code:	Country:
Phone no.:	Alt. phone no.:	Fax no.:	Email:
Study information			
Study title:			
Are you currently funded for this research? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this request for an NIH grant application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Funding source(s):			
If not, what is your plan and timeline for obtaining funding?			
How soon will you use samples, once received?			
Study objective (including specific aims):			
Brief justification:			
Describe how you plan to share the data and resources generated:			
Case details			
Case demographics			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Any			
Race: _____			
Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Any			
Age range: Minimum: _____ Maximum: _____			
Case history (please list any inclusion and exclusion requirements):			

Biospecimen information

Please check the appropriate tissue type below along with the desired sample preparation.

Tissue type (check all that apply)

Anatomic site	Tumor-primary	Normal adjacent	Tissue microarray	Case matched blood
<input type="checkbox"/> Colon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ovary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood (not case matched)

Total number of cases requested:

Module requested:

Module I (time in fixative) Module II (delay to fixation) Module V (freezing/storage methods)

Module I (time in fixative)		
Experimental protocol	Delay to fixation	Time in fixative
A	<1 hour	6 hours
B		12 hours
C		23 hours
D		72 hours
Module II (delay to fixation)		
Experimental protocol	Delay to fixation	Time in fixative
E	1 hour	12 hours
F	2 hours	11 hours
G	3 hours	10 hours
H	12 hours	12 hours
Module V (snap freezing method or storage method)		
U	Dry ice	-80°C
V	Dry ice	LN ₂
W	LN ₂	-80°C
X	LN ₂	LN ₂

Do you require access to digital images (check all that apply)? H&E IHC*

*If IHC, check antigens of interest below:

IHC antigens of interest		
Colon	Kidney	Ovarian
<input type="checkbox"/> EGFR	<input type="checkbox"/> PAX-8	<input type="checkbox"/> P53
<input type="checkbox"/> CDX-2	<input type="checkbox"/> CAIX	<input type="checkbox"/> CK7
<input type="checkbox"/> β-catenin	<input type="checkbox"/> CD10	<input type="checkbox"/> WT-1
<input type="checkbox"/> Cytokeratin-20	<input type="checkbox"/> RCC-1	<input type="checkbox"/> CA-125
<input type="checkbox"/> MSH6	<input type="checkbox"/> MUC-1	<input type="checkbox"/> MUC-1
<input type="checkbox"/> P16 (CDKN2a)		<input type="checkbox"/> PAX-8
		<input type="checkbox"/> ER (6F11)

Sample preparation details—frozen tissue

Frozen tissue prep type: Required OCT acceptable? Yes No
 Tissue scroll/ribbon? Other:

Tissue weight requested: _____ mg

Slides: H&E slides (# requested per block: _____)
 Frozen sections (# requested per block: _____)

Nucleic acid: DNA RNA
 Minimum quantity: _____ μg Maximum quantity: _____ μg
 Minimum concentration: _____ $\text{ng}/\mu\text{L}$ Maximum concentration: _____ $\text{ng}/\mu\text{L}$
 Minimum volume: _____ μL

Sample preparation details—formalin tissue

Formalin tissue prep type: Required
 Scroll/ribbon Cores DNA/RNA (see below) Other: _____

Slides: H&E slides (# requested per block: _____)
 Unstained slides (# requested per block: _____)

Nucleic acid: DNA RNA
 Minimum quantity: _____ μg Maximum quantity: _____ μg
 Minimum concentration: _____ $\text{ng}/\mu\text{L}$ Maximum concentration: _____ $\text{ng}/\mu\text{L}$
 Minimum volume: _____ μL

Sample preparation details—blood

Blood prep type: Required
 Serum Plasma DNA/RNA (see below) Other: _____

Volume requested: _____ mL μL

Nucleic acid: DNA RNA
 Minimum quantity: _____ μg Maximum quantity: _____ μg
 Minimum concentration: _____ $\text{ng}/\mu\text{L}$ Maximum concentration: _____ $\text{ng}/\mu\text{L}$
 Minimum volume: _____ μL

Other preparation details

Please describe any other details. Include specifics, as appropriate:

Are there any other considerations of which we should be aware?

CRITERIA USED FOR REQUEST APPROVAL

- For the tissues and blood products that were part of experimental protocols: The potential for the project to address an important question/problem or a critical barrier to progress in the field of biospecimen science. Requests to use the specimens for projects in other fields of interest (e.g., biomarker assay development) will be considered on a case by case basis. Blood and blood products for which there was not a matching experimental protocol will be broadly available for cancer research.
- The level of experience and expertise of the investigators to conduct the proposed analyses.
- The degree to which the requested samples are uniquely suited for the proposed study or whether other samples are equally appropriate.
- The degree to which the quantity of sample requested matches the intended use and the impact on remaining amounts.
- The degree to which the proposed study increases the overall value of the BPV resource.
- Whether the proposed molecular study has already been performed by the BPV Program and if so, would the proposed study be redundant, complementary or synergistic.
- Whether there are sufficient funds to support the proposed research.

Please submit your complete application and any questions via email to bpv@vai.org.