*Heme Malignancy Tissue Bank*

REQUEST FOR SAMPLES

**SECTION 1: Request - to be completed by PI**

1. Principal Investigator: Click here to enter text.
2. Project Title: Click here to enter text.
3. Project Description: *(brief description of project including why you are requesting samples, include if you have done this work in cell lines)*

Click here to enter text.

1. Are you a member of the Cancer Center?: Choose an item.
2. If there is a peer-reviewed project for which these samples will be utilized, please provide the following:

Grant Name: Click here to enter text.

Sponsor: Click here to enter text.

PI: Click here to enter text.

Date funding begins/began/planning to submit: Click here to enter a date.

Date funding ends: Click here to enter a date.

1. **Plan to use for (check all that apply)**

Abstract [ ]

Paper [ ]

Grant [ ]

Other[ ]

1. **If yes, details of planned use:** Click here to enter text.
2. **Number of samples requested:** Click here to enter text.
3. Sample Requirements: select all that apply

|  |  |
| --- | --- |
| **Diagnosis Category:** |[ ]  ALL, B-Cell |
|  |[ ]  ALL, T-cell |
|  |[ ]  AML |
|  |[ ]  CLL |
|  |[ ]  CML |
|  |[ ]  Lymphoma |
|  |[ ]  MDS/myeloproliferative disorders |
|  |[ ]  Multiple myeloma |
|  |[ ]  Other, describe: Click here to enter text. |
|  |  |  |
|  |  |  |
| **Disease Status:** |[ ]  Original diagnosis |
|  |[ ]  Original diagnosis - refractory |
|  |[ ]  Original diagnosis - on therapy (tx) |
|  |[ ]  Relapse |
|  |[ ]  Relapse - refractory |
|  |[ ]  Relapse - on therapy (tx) |
|  |[ ]  Relapse Post stem cell transplant (SCT) |
|  |[ ]  Off therapy (tx) |
|  |  |  |
|  |  |  |
| **Are you interested in paired samples from a patient?** |[ ]  Diagnosis/relapse |
|  |[ ]  Diagnosis/post transplant |
|  |[ ]  Blood and bone marrow collected at the same time |
|  |[ ]  Other, describe: Click here to enter text. |
|  |  |  |
|  |  |  |
| **Age:** |[ ]  Pediatric |
|  |[ ]  AYA (15-25)Young adults/ adolescents |
|  |[ ]  Adult |
|  |  |  |
| **Source of Cells:** |[ ]  Peripheral blood |
|  |[ ]  Bone marrow |
|  |[ ]  Peripheral blood or bone marrow |
|  |  |  |
|  |  |  |
| **Sample Type:** |[ ]  Mononuclear cells, viable |
|  |[ ]  Non-viable cells for DNA isolation (contains mostly granuolocytes) |
|  |[ ]  Non-viable cells for DNA isolation (whole blood or marrow) |
|  |[ ]  Plasma |
|  |  |  |
|  |  |  |
| **Blast count (prior to process and freeze):** |[ ]  Any |
|  |[ ]  0-25% |
|  |[ ]  26-50% |
|  |[ ]  51-75% |
|  |[ ]  76-100% |

1. Other Subject/Sample Requirements: Click here to enter text.
2. Multiple Sample Aliquots: *One aliquot per sample will be approved and released. Requests for multiple sample aliquots and/or release of additional aliquots are subject to preliminary data review and approval by the HMTB. Describe below if requesting multiple aliquots.* Click here to enter text.
3. **Where should the samples be delivered (contact info)?** Click here to enter text.

**NOTE:**

* PI must submit a copy of the **IRB APPLICATION or IRB APPROVAL** letter with this application. **The DBUC Administrator will work with you to determine if additional IRB approvals are needed and can help you navigate the submission process.**

Samples cannot be released until IRB approval has been received.

* The Heme Malignancy Tissue Bank should be **acknowledged on any grant application or publication** that is based on samples received. The Masonic Cancer Center Specimen Banks receive support from the National Cancer Institute, Minnesota Masonic Charities and the Killebrew-Thompson Memorial fund through the Cancer Research Translational Initiative (CRTI). PIs using samples approved by DBUC should acknowledge this support in any publications and presentations as follows:
	+ “This work was supported in part by NCI 5P30CA077598-18, Minnesota Masonic Charities and the Killebrew-Thompson Memorial Fund.”

PI Electronic Signature: Click here to enter text.

 *By typing your name above, you certify that this is your electronic signature.*

**Date:** Click here to enter a date.

*Please email to:* *dbuc@umn.edu*

**SECTION 2: Review - To be completed by the HMTB** **Director**

1. Evaluate the project for scientific merit, peer-review, Cancer Center membership, etc.:

Click here to enter text.

1. Do we have samples of interest?:Click here to enter text.
2. If we have samples of interest, how many samples and how many aliquots per sample?:

Click here to enter text.

1. Are there additional criteria for review?:

Click here to enter text.

1. Sample identification to be released (if approved):

Click here to enter text.

|  |
| --- |
|[ ]  Approve |
|[ ]  Deny |

HMTB Director Electronic Signature: Click here to enter text.

 *By typing your name above, you certify that this is your electronic signature.*

Date: Click here to enter a date.

*Please email to:* *dbuc@umn.edu*

**SECTION 3: Release - To be completed by the DBUC Administrator and TTL Staff**

1. IRB #: Click here to enter text.
2. IRB approval date: Click here to enter a date.

DBUC Administrator Electronic Signature: Click here to enter text.

 *By typing your name above, you certify that this is your electronic signature.*

Date: Click here to enter a date.

Samples released to: Click here to enter text.

TTL Staff Electronic Signature: Click here to enter text.

 *By typing your name above, you certify that this is your electronic signature.*

**Date:** Click here to enter a date.

*Please email to:* *dbuc@umn.edu*