**SECTION 1: Preliminary Feasibility**

1. **Name:** **Click here to enter text.**
2. **Title:** **Click here to enter text.**
3. **Email**: **Click here to enter text.**
4. **Phone**: **Click here to enter number.**
5. **MCC Member (Y/N):** **Choose an item.**
6. **MCC Program:** Choose an item.
7. **Project Title:** **Click here to enter text.**
8. **Planned Use of Results (check all that apply)**

**Abstract**

**Paper**

**Grant Submission**

**Assay/Biomarker Development**

**Other**

If other, specify:

**Click here to enter text.**

1. **IRB Project Title and IRB Number (if already obtained):**

**Click here to enter text.**

1. IRB approval date: Click here to enter a date.
2. **Samples Requested:** Provide as much detail as possible to inform query. For example: MNC, serum, plasma, DNA, other. What type of patients (disease, disease status, type of therapy, timepoints of sample collection, etc). If know, tell us what biobank you think has the relevant samples (i.e. BMT immune reconstitution, Lung cancer, solid tumor, etc). If your request requires samples linked to clinical or demographic data, a request for data to the Cancer Informatics Shared Service (CISS) team may be required. We will notify you if this is necessary*.*

**Click here to enter text.**

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

Please email to: [dbuc@umn.edu](mailto:hmtb@umn.edu)

**NEXT STEPS:**

* **The DBUC Administrator (Marina Pillai) will contact you if there are any questions about this application and with a preliminary feasibility report of what samples are available.**
* **If adequate samples exist and you would like to proceed, you will need to complete Section 2 (below) and your application will be reviewed by DBUC Review Panel. *(If you know we have the samples, please complete Section 2 now to save time.)* The DBUC Review Panel may have additional questions.**
* **The DBUC Administrator will work with you to determine if additional IRB approvals are needed and can help you navigate the submission process.**
* **If you need companion data on the samples, the DBUC Administrator can help you navigate the CISS data request process.**
* **Once your request is approved, you will receive the samples after 1) completing the MCC DUBC Sample Use Agreement, 2) confirmation of appropriate IRB approval (if needed).**
* **You will be required to submit a follow up report documenting the value of these samples in the next 6-12 months (Publication, Grant etc.)**
* **You are required to use the following Publication Acknowledgement:**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.”

**SECTION 2: DBUC Application (to be completed by PI)**

1. **Purpose:** Please explain the scientific question being asked and how these samples/data will address the question(s). Provide enough detail for the DBUC Review Panel to evaluate the importance of the question and whether these samples will answer the question.

**Click here to enter text.**

1. **Planned Analysis:** Please provide some detail about the experiments planned with the samples (tests, method, who will do the testing, their experience with the method etc.)

**Click here to enter text.**

1. **Provide a brief Statistical Plan for the project:**

**Click here to enter text.**

1. **Associated Grants/Funding (If applicable): Please tell us what NIH or other funding supports this project.**

**Click here to enter text.**

1. **Are there UMN collaborators with whom samples or data will be shared (Y/N)?**

**Choose an item.**

**If yes, whom: Click here to enter text.**

1. **Are there any external (non-UMN) collaborators with whom samples or data will be shared (Y/N)? Choose an item.**

**If yes, whom: Click here to enter text.**

1. **Where should the samples be delivered (contact info)?** Click or tap here to enter text.

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](mailto:hmtb@umn.edu)

**SECTION 3: DBUC Review (to be completed by DBUC)**

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.

1. Approve

Deny

**DBUC Review Panel 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*](mailto:dbuc@umn.edu)

**SECTION 4: To be completed by DBUC Administrator**

**DBUC Sample Request Application is Approved by:**

Click here to enter text.

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.

**SECTION 5: To be completed by TTL Staff**

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*](mailto:dbuc@umn.edu)