Application for Biosample Access

# Purpose

Please submit this Application for Biosample Access if you meet both of the following:

* You are an investigator with funding and resources in place for a defined study, and
* You are ready to request specimens from the TSC Biosample Repository.

If you do not yet have funding and require a letter documenting the availability of specimens to include with your funding application, **do not submit this form**. Instead, please write a one-page Letter of Intent describing your research project, the need for biosamples from the repository, and the potential impact of your project on the TSC community. We encourage investigators who are applying for funding to correspond with TS Alliance staff as early as possible to determine whether the TSC Biosample Repository has the specimens they need.

# Process

Applications are accepted on a rolling basis. After an administrative review by TS Alliance staff, the Biosample Use Committee will review the application in accordance with the review criteria within 4 weeks. If a quorum (majority) of the committee approves, the TS Alliance will send a Material Transfer Agreement to the investigator. The Biorepository personnel at the Van Andel Research Institute will work with the investigator to arrange shipment of samples.

Please fill out this form to access TS Alliance Biosample Repository specimens. The Biosample Use Committee will review the application in accordance with the review criteria outlined at <http://www.tsalliance.org/researchers/biosample-repository/>.

When complete, please submit this application or your LOI, *along with the following* to Jo Anne Nakagawa.

# Attachments

[ ]  Investigator CV or NIH [style] Biosketch

[ ] IRB approval (or exemption) letter

Attach a copy of your Institutional Review Board (IRB) approval letter for this project. Please ensure the letter includes the project title. If your project is has been determined to be exempt, please attach a letter from an appropriate official (IRB chair, department chair, etc.) other than the PI stating your proposed use of human samples is authorized and universal precautions will be observed during handling.

Please ensure that your IRB approval or exemption will allow you to use biosamples and natural history data collected for the TSC Biosample Repository and TSC Natural History Database projects. If you have any questions about your IRB approval, please contact Jo Anne Nakagawa.

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| PRINCIPAL INVESTIGATOR INFORMATION |
|  Date of Request: Click or tap to enter a date. First Name:       Middle:       Last Name:       Salutation:       Degree:       Title:       **Mailing address:** Institution:        Department:        Address 1:       Address 2:        City:       State:       Zip code:       Country:       Tel#:       Alt. Tel#:       Fax#:       Email:       Funding Source(s) to support the proposed work with the biosamples requested, including specific award numbers, if any:       |

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| SHIPPING INFORMATION |
|  Lab Contact/Recipient [ ]  Same as PI Information First Name:       Middle:       Last Name:       Salutation:       Degree:       Title:        Tel#:       Alt. Tel#:       Fax#:       Email:      **Shipping address:**[ ]  Same as PI Information Institution:        Department:        Address 1:       Address 2:        City:       State:       Zip code:       Country:       |

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| STUDY INFORMATION |
| Study Title:       Abstract or Summary of the Study (limit to ½ page):      Specific Aims (2-3 sentences):      Long-Term Study Objectives (including impact to the TSC community, 2-3 sentences):      Experimental Design and Methods:      Justification for Numbers and Volume or Quantity of Samples Requested (including statistical power analysis, if applicable):      How soon will you use the samples, once received?      Along with the biosamples, you will be entitled to receive any data generated by other investigators using these samples. In return, you are required to share data generated on each sample with the TSC Biosample Repository. Data can be embargoed for a period of time to be defined in the Material Transfer Agreement to provide time to publish, protect intellectual property, etc.Describe any other ways you plan to share the data, results, and resources that are generated:       |

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| DATA AND QUALITY ASSURANCE |
| Specific data elements that will be provided back to the TSC Biosample Repository for each sample analyzed:       |

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| **REQUEST INFORMATION: DONOR DETAILS** |
| **Donor Demographics:** Gender: [ ]  Male [ ]  Female [ ]  Either Race: [ ]  Any [ ]  American Indian or Native American [ ]  Asian  [ ]  Black or African American [ ]  Native Hawaiian or other Pacific Islander [ ]  White [ ]  Multi-Racial [ ]  Unknown [ ] Other Ethnicity: [ ] Not Hispanic or Latino [ ] Hispanic or Latino [ ] Any  Age Range: Minimum:       Maximum:      **Donor Clinical History: Please list inclusion and exclusion requirements**      |
| Total number of donors requested:       |

| **SAMPLE PREPARATION DETAILS** |
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| **BLOOD PREP TYPE**  [ ] Plasma  Volume:       [ ] mL [ ] µL [ ] White Blood Cell Pellets  Number of cells per sample:        [ ] Other:       **Nucleic Acid- Blood**:  [ ] DNA [ ] RNA Minimum Quantity:       Maximum Quantity:       Minimum Concentration:       Maximum Concentration:       Minimum Volume:       [ ] mL [ ] µL**Nucleic Acid- Buccal swabs**:  [ ] DNA [ ] RNA Minimum Quantity:       Maximum Quantity:       Minimum Concentration:       Maximum Concentration:       Minimum Volume:       [ ] mL [ ] µL**Nucleic Acid- Tissue**:  [ ] DNA [ ] RNA Minimum Quantity:       Maximum Quantity:       Minimum Concentration:       Maximum Concentration:       Minimum Volume:       [ ] mL [ ] µL**Tissue**  [ ]  Fresh Frozen [ ]  FFPE [ ]  Tissue Curls Thickness:       Number of curls:       [ ]  Glass Slides # unstained:       #H&E stained:       |
| **OTHER PREPARATION DETAILS****Please describe. Include specifics, as appropriate:**      **Any other considerations we should be aware of?**      |