Dartmouth-Hitchcock

Institutional Biospecimen Repository Storage and Access Request

General Information:

Date of Request:				
Principal Investigator (PI) Name:				
PI Department/Division:				
PI Phone:				
PI Email:				
Study Contact Name:				
Study Contact Phone:				
Study Contact Email:				
Study Title:				
Collaborating Pathologist:				
Billing Account Number (Chart String):				
Velos Study ID**:				
CPHS Approval #:				
CPHS expiration date:				
CPHS status:	⊙ Active	○ Under Review	○ Retired	
Scope of consent:	⊙ Single Study	○ Limited Access	○ Broad Access	○ Waiver

***If an active Velos Study is in place, please indicate the Study ID number and proceed to page 2*

Intent of Study:

Please describe in ~500 words the proposed study including specific aims, hypothesis, rationale, study design and type of analytical methods that will be used.

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Specimen Storage Information:

Study Duration:			
Biospecimen type to collect:	☐ Blood	☐ Tissue	☐ Other
If blood, please specify container treatment:			
If tissue, please specify source:			
Biospecimen type to store:	☐ DNA	☐ Tissue	
Special Instructions *(desired storage conditions)*:			
Anticipated number of biospecimens to be collected:			
Anticipated frequency of biospecimen collection:	○ Daily	○ Weekly	○ Biweekly	○ Monthly
What specific assay or analysis is planned:			

Specimen Retrieval Information:

Estimated Date (MM/YY) first biospecimens/data are needed:	
Estimated number of participants needed for entire study:	
Estimated number of participants needed for first distribution of samples (if different from that of the entire study):	
What specific assay or analysis is planned:	
Where will the analysis be performed:	

Benefits of Using the Biospecimen Repository Resource:

Please indicate all benefits that apply to your study with a checkmark:	
Specimen availability	☐
Specimen quality	☐
Specimen annotation	☐
Pathological characterization	☐
Availability of accredited and regulated clinical environment	☐
Quality assurance	☐

STOP HERE: *Email the completed request form to* ***Biospecimen.Repository@hitchcock.org***

THE FOLLOWING QUESTIONS WILL BE DISCUSSED IN PERSON AT A 'SCREENING MEETING' THAT WILL BE SCHEDULED AFTER THIS DOCUMENT IS RECEIVED.

PLEASE REVIEW THE QUESTIONS AND BE READY TO DISCUSS AT THAT TIME.

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1. Describe exactly which assays/analyses are planned and sample requirements (volume and concentration, tube/plate type, quantification method, etc.). Consider the platform and instrumentation used by the lab for the assay, and then request the amount of sample to perform the analysis one time.
   (This is not done to limit your access to samples; it is done to provide only the amount that is needed in an effort to prevent waste of this valuable resource over time).

2. Will any specimens, data from specimens, or data from subject questionnaires be sent **outside** Dartmouth-Hitchcock (other than summary data in typical scientific publications)? ☐ Yes ☐ No

   - If Yes, describe what will happen with the samples or data:
   - How will you ensure subject confidentiality?

3. Will you want to match controls to your cases? ☐ Yes ☐ No

   - If Yes: ☐ Individual matching to cases ☐ Frequency matching to cases
   - How many controls will be matched?
   - What factors should be matched?

     ☐ Race ☐ Age ☐ Gender ☐ Other

     - If Other, describe which factors to match:

4. Should any groups be excluded?

5. If using disease status for inclusion/exclusion or matching, what criteria should be used to identify disease status? (*Specific ICD-9/HICDA codes, questionnaire responses, etc.*)

6. What subject data do you want returned to you by the Biospecimen Repository?
   ☐ Demographic data ☐ Questionnaire data ☐ EMR data ☐ Other

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7. Will Individual Research Results (IRRs) be returned to Biospecimen Repository subjects? ☐ Yes ☐ No

8. Is there the potential for this study to identify incidental findings *(Incidental findings are previously undiagnosed medical or psychiatric conditions that are discovered unintentionally and are unrelated to the current medical or psychiatric condition which is being treated or for which tests are being performed)*:
   ☐ Yes ☐ No

9. Has this meeting been peer reviewed by the CTO/NCCC board of Cancer Trials? *(If yes, bring a copy of the reviewer comments to this meeting.)*
   ☐ Yes ☐ No

10. Confirm how many total samples are being requested and when sample aliquots are needed.

11. If additional sample aliquots are requested in the future, will samples be needed from the same subjects or from a totally new set of individuals?

12. For Discussion: It is our goal to continue to build the value of the Biospecimen Repository. Therefore, all data generated from Biospecimen Repository samples or subjects must be shared back with the Biospecimen Repository at the completion of the project. We will send you a data request form at that time.

    ☐ Discussed

13. For Discussion: Until you tell the Biospecimen Repository that your study is complete, you will receive an annual request to provide a progress report on your study.

    ☐ Discussed

14. Patient Burden:

15. Other Notes: