

Instructions:

This form is to be used by Boston University and Boston Medical Center affiliated researchers only. [For non-BU non-BMC affiliated researchers, please contact the Department of Pathology and Laboratory Medicine at BARC@bmc.org.

Please read the [BARC Material Use, Data Sharing and Publication Acknowledgment Agreement](#) prior to submitting this form. Complete this Biospecimen Use Request Form (pages 3-6 of this document) and submit the completed form to BU-BMC Biospecimen Archive for Research Core (BARC) Oversight Committee via email to the following email address:

BARC@bmc.org

The main purpose for completing and submitting a Biospecimen Use Request form is to ensure your requested specimens are available for research purposes and your proposed studies are feasible. Following review of your Request by the BARC Oversight Committee, you will be contacted by email regarding the approval status of your request and/or follow up questions regarding your request.

General instructions for completing the Biospecimen Use Request Form:

Write in a concise and succinct manner. Complete the Request form, beginning on page 3 of this document, by entering text into yellow highlighted text boxes or checking gray shaded boxes.

Title of project

State the title of the project, the anticipated start date and completion date of the project.

Research Project Principal Investigator (PI)

List the name, title, address, phone number and email address of the Boston University/Boston Medical Center faculty member who will serve as the PI for the project.

Contact person

List the name, title, address, phone number and email address of the Boston University/Boston Medical Center faculty or staff member who will serve as the primary contact

Co-Investigators

List the names of coinvestigators and titles.

Indicate whether PI is a member of the Boston University-Boston Medical Center (BU-BMC) Cancer Center

Need/Information Gap Your Research Is Designed to Address:

In lay language briefly describe the clinical context for your research question and the relevant clinical need or information gap. Describe how your research will address this need.

Specific Aims/Objectives

Describe specifically what you will do to test your hypothesis or to address the clinical question/information gap.

Sample Size Rationale/Power Calculation

Provide rationale for number of requested samples and, if appropriate, power analyses.

Regulatory Information

If the project requires approval from the IRB, indicate the status of the protocol by selecting the appropriate box. If the IRB protocol has been approved, please attach the approval letter to this document when submitting.

Budget and Resources

Estimate the total cost of the project, and describe how funding was/will be obtained. List relevant resources (personnel and material) that are available to you. Also list planned funding sources for which you will apply and application due dates.

Literature Cited

List the references in order as they appear in your proposal. Format: author's names, title, journal, and year of publication.

Signatures

The PI must agree to the contents of the Request form and sign the form

Submit Biospecimen Use Request Form

Submit your proposal to the BARC Oversight Committee via email to the following:

BARC@bmc.org

You will receive an email acknowledgement of receipt and feedback regarding your project proposal.

Date: _____

Project title:

Anticipated Project Start date: _____; **Anticipated Project Completion date:** _____

Project Principal Investigator name, address, phone number and email address:

Is the PI a member of the Boston University-Boston Medical Center Cancer Center?

☐ Yes ☐ No

Primary Contact person name, address, phone number and email address:

Project Co-Investigator(s) name, title and email address

Need/Information Gap your research is designed to address:

Specific Aim(s)/Objective(s):

Sample Size Rationale/Power Calculation:

Regulatory Information

IRB Protocol Required:

☐ Yes ☐ No

Status of IRB Protocol if Required:

☐ Approved; IRB# _____; **Attach approval letter to this form**
☐ Pending ☐ In Revision ☐ To be submitted; anticipated submission date _____

Budget, Resources and Timeline

Funding Source(s) Currently Available for This Project:

Funding sources to be applied for and anticipated date of application:

Would you like to include support for the Biobank in your planned application (if so, we can provide supporting materials):

☐ Yes ☐ No

Literature Cited:

Requested Materials:

Case/Disease Inclusion Criteria:

Case/Disease Exclusion Criteria:

☐ Cancer Tissue:

Cancer Type and number: ☐ Prostate; n=_____
☐ Breast; n=_____
☐ Lung; n=_____
☐ Head and Neck; n=_____
☐ Other (please describe):_____ ;n=_____

Tissue Format: ☐ Formalin-Fixed Paraffin-Embedded (FFPE)
☐ Fresh Frozen
☐ Other (please describe): _____

Quantity (mg/number of slides) of sample requested for each case:_____

Total number of Case samples requested:_____

☐ Tissue other than cancer:

Tissue Type (please describe): _____

Tissue Format: ☐ Formalin-Fixed Paraffin-Embedded (FFPE)
☐ Fresh Frozen
☐ Other (please describe): _____

Quantity (mg/number of slides) of sample requested for each case: _____
Number of case samples requested: _____

☐ Blood/blood-derived materials:

☐ Whole blood
☐ Plasma
☐ Peripheral blood mononuclear cells
☐ Other (please describe): _____

Quantity (ml or ml equivalents) of sample requested for each case: _____
Number of Case samples requested: _____

Requested Annotation Data Fields:

Please know the BARC is not allowed to provide private health information.

Patient Characteristics:

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Disease Characteristics:

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Signatures

I attest that I have read, understood and agree to the material transfer and data use section of this form.

I attest that I have read, understood and agree to the publication acknowledgement section of this form.

I attest that I have read, understood and agree to the data sharing section of this form.

Principal Investigator

Date

Below for BARC Office Use Only

Date of Biospecimen Request Submission: _____

Assessment of Request:

☐ Approved ☐ Not Approved

BARC Oversight Committee Representative

Date

BARC Oversight Committee Representative

Date