**GENERAL APPLICATION FORM (Part A)**

**Instructions:**

Before completing this form, please read the Victorian Cancer Biobank **How to Apply and Conditions of Use** regarding what products and/or services are available at [www.viccancerbiobank.org.au](http://www.viccancerbiobank.org.au). Applying to the Victorian Cancer Biobank (VCB) for biospecimens or services requires the completion of two forms:

1. **Application Form Part A (this form);** and
2. **Application for Biospecimen or Services Form Part B**.

|  |  |
| --- | --- |
| Project Title | Click here to enter text. |

**SECTION 1: Investigator Details**

**1.1 Principal Investigator**

|  |  |
| --- | --- |
| Title | Click here to enter text. |
| First Name | Click here to enter text. | Last Name | Click here to enter text. |
| Position | Click here to enter text. |
| Department | Click here to enter text. |
| Organisation | Click here to enter text. |
| City | Enter text | State  | Enter text | Post Code  | Enter text | Country | Enter text |
| Phone | Click here to enter text. | Mobile/Pager | Click here to enter text. |
| Email | Click here to enter text. |

**1.2 Curriculum Vitae** (**CV) Details**

|  |
| --- |
| Have you applied to the Biobank within the last 3 years?  |
| [ ] Yes If there have been no significant changes made to your CV, you do not need to submit a CV. |
| [ ] No Please submit your CV |

**SECTION 2: Billing Information**

|  |  |
| --- | --- |
| Billing Institution | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Address ( PO Box not accepted) | Click here to enter text. |
| City | Enter text | State  | Enter text | Post Code  | Text | Country  | Enter text |
| ABN number | Click here to enter text. |
| Phone | Click here to enter text. | Mobile/Pager | Click here to enter text. |
| Email |  |

**2.1 Is a purchase order required for shipment of specimens?**  [ ]  Yes [ ]  No

 If yes, please provide the PO Number Enter text

**SECTION 3: Contact Information**

**3.1 Contact Person for Enquiries** (If same as PI write “As Above”)

|  |  |
| --- | --- |
| Title | Click here to enter text. |
| First Name | Click here to enter text. | Last Name | Click here to enter text. |
| Position | Click here to enter text. |
| Department | Click here to enter text. |
| Institution | Click here to enter text. |
| City | Enter text | State  | Enter text | Post Code  | Enter text  | Country | Enter text |
| Phone | Click here to enter text. | Mobile/Pager | Click here to enter text. |
| Email |  |

**3.2 Contact Person for Biospecimen Delivery** (if different from PI address)

Biobank staff will need to confirm that your lab is able to accept specimens. Specimens will not be dispatched without confirmation from a nominated contact person.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Click here to enter text. | Last Name | Click here to enter text. |
| Institution | Click here to enter text. |
| Delivery Address | Click here to enter text. |
| City | Enter text | State  | Enter text | Post Code  | Enter text  | Country | Enter text |
| Phone | Click here to enter text. | Mobile/Pager | Click here to enter text. |
| Email |  |
| Notification of dispatch will be confirmed 24 hours prior, where possible. Indicate preferred method of contact**:** |
| [ ]  Phone | [ ]  Mobile |  [ ]  Pager | [ ] E-mail |

**SECTION 4: Courier Details**

**4.1** The Biobank uses the services of several courier companies and these costs are passed on to the Investigator. Please indicate level of courier service required.

|  |  |
| --- | --- |
| Level of Service  | [ ]  Delivery within 2hrs [ ]  Same day [ ]  Overnight [ ]  Other       |

**4.2** If you prefer a specific courier company for which you have an account, please provide details below:

|  |  |
| --- | --- |
| Preferred Courier | Click here to enter text. |
| Customer Number | Click here to enter text. |
| Other Information | Click here to enter text. |

**SECTION 5: Project Funding/Support**

| Grant / ID Number | Funding Source (Agency/Institution/Sponsor) | Total Project Funding | Budget for Biobanking Services | Duration of Funding |
| --- | --- | --- | --- | --- |
|       | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|       | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

What is the anticipated start date of the project? Click here to enter text.

What is the anticipated completion date of the project? Click here to enter text.

Has the project commenced? [ ] Yes [ ]  No

Are any commercial interests funding the project? [ ]  Yes [ ]  No

If yes, check all that apply:

[ ]  Diagnostic (specify):

[ ] Pharmaceutical (specify):

[ ] Tobacco (specify):

[ ] Other (specify):

**SECTION 6: Ethics Information**

Has HREC approval been obtained for this project? [ ]  Yes [ ]  No Date applied if pending: Click here to enter text.

*If yes, provide details:*

| HREC Institution / Site | HREC Approval No. | HREC Expiration Date |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

***Please note: projects involving genetic testing / profiling or analysis will only be processed with full HREC approval (i.e. non expedited review)***.

**6.1**  Do you have a project specific Patient Information Sheet and Consent Form for this project? [ ]  Yes [ ]  No

 *If yes, please attach with this form.*

 **6.1.1**If Yes, will you require VCB to consent the participants using your forms? [ ]  Yes [ ]  No

**6.2**  Do you have a questionnaire/survey you would like VCB to administer?

 *If yes, please include with this form.*  [ ]  Yes [ ]  No

**SECTION 7: Supply of Biospecimens**

**7.1**  Are you receiving any materials for this project from any other institution or tissue bank? [ ]  Yes [ ]  No

*If yes, provide details:*

|  |  |  |
| --- | --- | --- |
| Institution / Tissue Bank | Type of Material | No. of donors |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**7.2** If the Biobank is unable to completely fill your request, would you like us to share your request with other tissue banks that might be able to help you? [ ]  Yes [ ]  No

**7.3** Are there any other factors that we should be aware of that might influence our ability to deliver service e.g. time constraints? If yes, please give details.

Click here to enter text.

 **SECTION 8: Research Information**

Please provide a short lay summary (max 200 words) of the intended research. If your study has a translational component, please explain how knowledge created from this research can be used to drive advances in an area of health outcomes. Note: This information may be used on the Biobank website and in reports to our funding agencies, therefore only include information that is not commercially sensitive.

Click here to enter text.

**SECTION 9: Project Description**

**9.1** Attach a brief research synopsis of 1-2 pages that cover all of the Report Headings in the table below. The VCB requires clear justification for the number of donors biospecimens requested (i.e., amount of tissue/ DNA etc.). Note: The number of donors and types of tissue requested must not exceed what is on your HREC application; particularly if you are supplementing the number of donors from other organizations (see Section 7).

**9.2** **Option:** If this information is in your approved Ethics Application, please indicate where it can be found in the document. If you chose to use this table all heading must be addressed.

|  |  |
| --- | --- |
| **Report Headings** | **Where is this information found?** |
| Research Synopsis | Section       pg.       pp.       |
| Specific Aims and Long Term Objectives | Section       pg.       pp.       |
| Experimental Methods | Section       pg.       pp.       |
| Where work will take place/ Multisite collaboration (National/International)  | Section       pg.       pp.       |
| Proposed method of publication or presentation of results | Section       pg.       pp.       |
| Total number of participants in this project | Section       pg.       pp.       |
| Disease type/Diagnosis for this project  | Section       pg.       pp.       |
| Product type requested (e.g. fresh tissue, DNA, blood etc.) | Section       pg.       pp.             |
| Data type required (i.e., identified, de-identifiable)  | Section       pg.       pp.       |
| Justification of the number of donors and samples requested (including power calculations if relevant) | Section       pg.       pp.       |

**9.3 Has the research proposal undergone a scientific review process?**  [ ]  Yes [ ]  No

If yes, by whom?

|  |
| --- |
| Click here to enter text. |

**SECTION 10: Area of Scientific Outlook**

The Biobank relies on ongoing funding from the Victorian Government. One of the reporting requirements is to provide details about areas of research we support. Please help us by ticking all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **% of project** | **Category** | **% of project** | **Category** | **% of project** |
| [ ]  Translational research |       | [ ]  Biomarker discovery |       | [ ]  Genomic research |       |
| [ ]  Proteomic research |       | [ ] Diagnostics development |       | [ ]  Clinical Trial Support |       |
| [ ]  Cancer related biology |       | [ ]  Other (Specify)Click here to enter text. |       |

**SECTION 11: Checklist**

**11.1 Please find attached my completed Application Forms:**

[ ]  **Part A-** General Application Form (this form)

[ ]  **Part B**- Application for Biospecimens or Services

 Service Sections Completed:

|  |  |
| --- | --- |
| Section 1: Tissue Request | [ ]  Yes [ ]  No |
| Section 2: Donor Selection | [ ]  Yes [ ]  No |
| Section 3: Blood/Bone Marrow Request | [ ]  Yes [ ]  No |
| Section 4: Nucleic Acid Extraction | [ ]  Yes [ ]  No |
| Section 5: Tissue Micro Array Construction | [ ]  Yes [ ]  No |
| Section 6: Clinical Research/Trial Support | [ ]  Yes [ ]  No |
| Section 7: Data Requirements | [ ]  Yes [ ]  No |
| Section 8: Other Services | [ ]  Yes [ ]  No |

**11.2 Have you included?**

Principal Investigator CV (two pages maximum)? [ ]  Yes [ ]  No [ ] Copy on file

Ethics Application [ ]  Yes [ ]  No

Ethics Approval and/or Amendment Letter(s) [ ]  Yes [ ]  No

Project specific Patient Information Sheet and Consent Form [ ]  Yes [ ]  No [ ]  NA

Project specific Questionnaire or Survey [ ]  Yes [ ]  No [ ]  NA

Study/recruitment protocol for clinical trials relative to this request [ ]  Yes [ ]  No [ ]  NA

**SECTION 12: Agreement**

I/We have read, understood and agree with the conditions for use of biospecimens, data and the provision of services as detailed in the **How to Apply and Conditions of Use**.

I/We agree that the services provided by the Biobank will be used to support research work as detailed in the attached application. The material will not be used for other studies, or distributed to third parties, unless approval has been obtained from the Biobank. Biospecimens and their products will not be passed to a third party.

I/We realise that there is the potential that this human biological material may contain infectious agents and, therefore, will handle it appropriately. We acknowledge that the VCB does not routinely test for infectious diseases such as HIV, TB, Hep B or Hep C. In the event that an infectious disease is detected, we realise that the onus is on the applicant to pursue donor consent and testing to confirm the infectious diagnosis, with the assistance of the VCB and its host institution. We are mindful that full cooperation from the donor may not occur in this situation.

I/We agree to acknowledge the use of biospecimens, data and services provided by the Victorian Cancer Biobank in abstracts, publications or presentations associated with this research project.

I/We understand and agree to abide by the special conditions outlined for the delivery of fresh tissue if applicable to this study.

All information provided in this application is correct.

Name of Principal Investigator (print): Click here to enter text.

Signature of Principal Investigator: Date: Click here to enter text.