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

**Part B:**  If you have any questions while completing this form, please contact the VCB Applications Manager: VCBApplications@cancervic.org.au

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| Name of Applicant | Click here to enter text. |
| Project Title | Click here to enter text. |

SECTION 1 – Tissue Request

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| **Tissue Products** | **Fresh Tissue Collection-** Generally provided in 5mm3 aliquots.*\** |
| **Snap Frozen Tissue-** Generally provided in 5mm3 aliquots |
| **FFPE and OCT Sections-** Provided as unstained slides (4-5 microns) or per specification.  |
| **FFPE/OCT Tissue Blocks-** Available upon project specific request only |
| **H&E** sections provided upon request |
| **Specifications** | Tumour only, Matched pair (Tumour and Adjacent normal), Control Normal or Benign conditions.  |

*\*Please read the special requirements to access fresh tissue in Section 8 on How to Apply and Conditions of Use.*

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| **Description** | **Request 1** | **Request 2** | **Request 3** |
| Number of donors | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tissue type (e.g. breast, lung) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Clinical diagnosis, Grade, Stage | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tissues specifications (see above) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Products requested (see above) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Data. A full Histopathology Report, age at surgery and gender are provided with all samples. If additional data is required, please complete Section 8.  |
| Inclusion criteria  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Exclusion criteria | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other requirements | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Note: If more than 3 tissue requests are required; please duplicate this table as many times as required on a separate sheet of paper.  |

**SECTION 2- Donor Selection**

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| **Treatment Details**  | **Other Requirements** |
| **Will donors treated with Radiotherapy be accepted?** | Click here to enter text. |
| Pre-Op Radiotherapy | [ ] Yes [ ]  No |
| Post-Op Radiotherapy | [ ] Yes [ ]  No  |
| **Will donors treated with Chemotherapy be accepted?** |
| Pre-Op Chemotherapy | [ ] Yes [ ]  No  |
| Post-Op Chemotherapy | [ ] Yes [ ]  No  |

SECTION 3– Blood/Bone Marrow Request

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| **EDTA** **Blood Products** | **Serum, Plasma -** Available in 250µl and 500 µl aliquots.  |
| **Buffy Coat pellet, PBMNCs -** 1x106/aliquot |
| **Bone Marrow-** Available as 1x107/aliquot in Trizol or 1x106/aliquot for MNCs.  |
| **Whole Blood-** Available upon request. |

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| **Description** | **Request 1** | **Request 2** | **Request 3** |
| Number of donors | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Tissue donor type (e.g. breast, lung) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Diagnosis | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Product Requested (see above) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of aliquots (250 ul) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Data Required  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Inclusion Criteria  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Exclusion Criteria | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Special requirements | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Note: If more than 3 blood products are required; please duplicate this table as on a separate sheet of paper.  |

SECTION 4 – Nucleic Acid Extractions

As a service to researchers, the Biobank can also extract DNA and RNA from fresh, frozen, FFPE or blood.

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| **Products** | **RNA**- Availablein50ng/µl aliquots (total 1µg). QC: RIN measured by Agilent Bioanalyzer |
| **DNA-** Available in 50ng/µl aliquots (total 1µg). QC: Measured by A260/280 ratio |

Please indicate the number of donors, tissue type, tissue product you wish DNA/RNA extracted.

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| Click here to enter text. |

SECTION 5- Tissue Micro Array Construction

Please contact VCB for a list of pre-made TMAs. In addition, custom-made TMAs can be constructed to your specifications. In describing your TMA please include the number of donors, tissue type(s), diagnosis, stage etc.

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| Click here to enter text. |

**\*SECTION 6- Clinical Research/Trial Support**

Please explain what services you wish the VCB to provide?

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| Click here to enter text. |

\*SECTION 7 – Data Requirements

Each participant consents to varying levels of data collection including the completion questionnaires. Please tell us what data elements you require.

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| **Category 1 (complimentary)** | **Category 2 ($10.00 each)** | **Category 3 ($15.00 each)** |
| [ ]  De-identified Pathology Report[ ]  Age[ ]  Sex[ ]  Tissue pathology | [ ]  Clinical diagnosis[ ]  Grade/Stage[ ]  Body Weight/Height[ ]  PSA Levels | [ ]  Personal history of cancer[ ]  Family history of cancer[ ]  5 – 10 year survival data[ ]  Treatment responses [ ]  Pre-surgical therapies[ ]  Post-adjuvant therapies[ ]  Smoking status[ ]  Medications[ ]  Diagnostic biomarkers[ ]  Diagnostic mutation status[ ]  Other, please specify: |

\*SECTION 8 – Other Services

Please explain what services you wish the VCB to provide?

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| Click here to enter text. |

***\*****Please discuss your requirements with VCB Applications Manager prior to submitting request to determine whether we can support your specific needs.*