

NCCTG BIOSPECIMENS RETRIEVAL

Date: _____

Investigator: _____

Study Chair _____

Statistician _____

Contact phone number _____

Contact email address: _____

Clinical Trial Study Number in which Biospecimens were collected under: _____

IRB# for which the samples were collected under: _____

IRB# for new proposed study: _____

Are specimens being shipped to another laboratory outside of Mayo Clinic (Y/N): _____

If yes, location of testing facility: _____

Is MTA/MUA in place? (Y/N)

Will specimens be tested at Mayo Clinic (Y/N): _____

Correlative Study (Y/N): _____

Biospecimens Committee approval (Y/N): _____

NCCTG or Intergroup Concept approval date: _____

Correlative Study Number (NCCTG or Intergroup) for Biospecimens to be used: _____

Have all the patients consented to the testing: _____

Funding information: _____

Type of Research funding used for this request: _____

Please attach short (less than one page) correlative research description(s) of the study:

Non Paraffin Samples Request

Volume requested: _____

<input type="checkbox"/> DNA	<input type="checkbox"/> White Blood Cells (WBC/Buffy Coat)
<input type="checkbox"/> Plasma	<input type="checkbox"/> Platelet Poor Plasma (PPP)
<input type="checkbox"/> Serum	
<input type="checkbox"/> Other, specify: _____	

Tissue Samples Request

Amount of tissue requested (cores/unstained slides/blocks): _____

<input type="checkbox"/> Normal	<input type="checkbox"/> Tumor
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Tissue requested for:

<input type="checkbox"/> RNA	<input type="checkbox"/> DNA
<input type="checkbox"/> Laser capture microdissection	
<input type="checkbox"/> Immunohistochemistry	
<input type="checkbox"/> Other, specify: _____	

Number of samples requested:

<input type="checkbox"/> Normal	<input type="checkbox"/> Tumor
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Please provide instructions for processing, # of slides to be cut, and amount of tissue needed per sample (for RNA, and DNA, frozen sections are cut at 10 microns):

