

Direct questions to Pat Pramoonjago, 434-982-0487 | pp6f@uvahealth.org

***Do not use this form to request support for investigator-initiated or sponsored clinical trials.
Instead, submit a Clinical Trial Support Request Form.***

Lab Contacts for this Request:

PI Name: _____	Phone #: _____	PIC/pager #: _____	Email: _____
Name: _____	Phone #: _____	PIC/pager #: _____	Email: _____
Name: _____	Phone #: _____	PIC/pager #: _____	Email: _____

Study Information:

- ☐ This request is for a new study. Please include an **Investigator Agreement & Study Information Form**
- ☐ This request is for a previously-approved study.

Worktag to be billed: _____

Project Title: _____

Subject Information Required:

Coded Specimens: Standard annotation provided at no additional charge with coded specimens consists of anatomic site, pathologic and/or clinical diagnosis, age, sex and race, if available. A de-identified copy of the final pathology report is provided with neoplastic specimens.

Identified Specimens: Standard annotation provided at no additional charge with coded specimens consists of anatomic site, pathologic and/or clinical diagnosis, age, sex and race, if available. A copy of the final pathology report is provided with neoplastic specimens. The specifics will depend on your needs and the specifics of your IRB-HSR protocol.

Non-Standard Clinical Annotations: Subject to review and approval of the BTRF director. Data requests should be limited in scope to electronically accessible clinical/history data and lab results and fall within the guidelines of the Principal Investigator's IRB-HSR protocol. The BTRF performs data abstraction only. Interpretation is the responsibility of the end-user. The BTRF will attempt to obtain the requested health information from the University of Virginia Electronic Medical Record (EMR), the Clinical Data Repository (CDR) or from the McIntire Tumor Registry. The BTRF does not access paper charts, diagnostic images, or data held outside of the EMR in departmental records, nor do we provide information from outside healthcare providers, except when included in the UVA EMR. The BTRF does not guarantee that the requested information will be available for a particular specimen. The BTRF will not contact specimen donors or their caregivers to obtain information under any circumstances. Time required to obtain and tabulate additional information beyond the standard information will be billed to the investigator.

- ☐ I Require Standard Information Only
- ☐ I Require Standard Information and additional Non-Standard clinical annotations indicated below (be specific):

Frequency

- ☐ This is a one-time request. Total number of specimens requested: _____
[Note: Additional specimens may be requested later if Project IRB status has not changed.]
- ☐ This is a standing request.
- Estimated accrual rate or preferred frequency to receive specimens: _____ per _____
- Estimated total number of specimens to collect or subjects to enroll: _____
- Requested starting date to begin receiving samples: _____

Specimen Request Type: (mark all that apply):

- ☐ Archival Pathology Specimens
- ☐ Surgical Specimens ☐ Autopsy Specimens ☐ Cytology Specimens
- ☐ Cases identified by BTRF based on criteria provided ☐ Investigator will identify specific cases

[Note: Original diagnostic slides and blocks cannot be released outside the Dept of Pathology. The BTRF can provide re-cut sections, tissue cores, or ribbons/scrolls subject to review and approval by Pathology staff for adequate material.]

- ☐ Banked Specimens from the Biorepository General Bank
- ☐ Surgical Specimens ☐ Autopsy Specimens ☐ Biofluid Specimens

[Note: Banked tissue specimens include histologic quality assessment (QC).]

- ☐ Targeted Procurement of Remnant Tissue after Examination for Pathology Diagnosis or Routinely Discarded Tissue
- ☐ Surgical Specimens ☐ Autopsy Specimens
- ☐ With Histologic QC (default) ☐ Without Histologic QC

- ☐ Targeted procurement of remnant fluids from medical laboratories after diagnostic testing completed

***The following are not obtained for routine clinical care
and require an approved IRB-HSR protocol with subject informed consent:***

- ☐ Tissue specifically collected for this study without pathologic examination
- ☐ Specimens Obtained from Operating Room ☐ Specimens obtained from Outpatient Surgery Center
- ☐ Specimens Obtained in Clinic Setting (*Specify Location*): _____
- ☐ Processing of fluid specifically collected for this study
- ☐ Specimens Obtained from Operating Room ☐ Specimens obtained from Outpatient Surgery Center
- ☐ Specimens Obtained in Clinic Setting (*Specify Location*): _____

For each anatomic site or distinct neoplasm make additional copies of these 2 pages. Please be specific about special handling needed. Carefully consider your needs--the more strict the specifications, the fewer specimens you may receive.

Tissue Type or Subject Status:

Anatomic Site: _____

☐ Non-Neoplastic/Normal Only

☐ Neoplasm/Tumor | Type of Neoplasm or Subject Diagnosis: _____

☐ Primary Tumors Only

☐ Metastatic Tumors Only

☐ Accept Either

Matched Normal/Uninvolved Tissue from the Same Donors?

☐ Required

☐ No

☐ If Available

Unmatched Normal/Control Tissue (Different Donors)?

☐ Required

☐ No

☐ If Available

☐ Non-Neoplastic/Diseased | Disease Diagnosis: _____

☐ Other (*Specify*): _____

☐ Additional Pathologic or Diagnostic Criteria: _____

Subject Restrictions/Limitations:

Subject Sex: ☐ Male ☐ Female ☐ Either

Age Restrictions: ☐ No ☐ Yes (*Specify*): _____

Race Restrictions: ☐ No ☐ Yes (*Specify*): _____

Prior Therapy Restrictions

(e.g. chemotherapy, radiation): ☐ No ☐ Yes (*Specify*): _____

Other Restrictions: _____

Additional Specimen Request Details:

Archival Pathology Specimens only (Mark all that apply):

☐ Paraffin sections (slides)

☐ Unstained Standard (4 μ m) Sections # per case: _____

☐ H&E Sections # per case: _____

☐ Unstained Thick Sections # per case: _____ Specify Thickness: _____ μ m

☐ Ribbons/Scrolls in Microcentrifuge Tube # per case: _____ Specify Thickness: _____ μ m

☐ Core Punches # per case: _____ Core Punch Diameter: _____ mm

☐ Other (*Specify*): _____

Biorepository Banked Tissue Specimens (Mark all that apply):

☐ Frozen (non-viable) Tissue

☐ Quick-Frozen ☐ OCT-Embedded Quick-Frozen

Minimum Specimen Size Required (mg or dimensions): _____

☐ Unstained Frozen (4 μ m) Sections; # per case: _____

☐ H&E Frozen Sections; # per case: _____

☐ Core Punches/Macrodissection

☐ Formalin-Fixed, Paraffin-Embedded (FFPE) Block

Minimum Specimen Size Required (mg or dimensions): _____

[Note: Sectioned research blocks are assigned to the investigator and are not returned to the tissue bank.]

☐ Paraffin Sections (slides) # of standard (4 μ m) unstained sections: _____ # of H&E sections: _____

☐ Core Punches/Macrodissection

Targeted Procurement (obtained & processed prospectively for your lab) (Mark all that apply):

☐ Frozen (non-viable) Tissue

☐ Quick-Frozen ☐ OCT-Embedded Quick-Frozen

Minimum Specimen Size Required (mg or dimensions): _____

☐ Fresh (viable) Tissue

☐ In Standard RPMI Transport Media ☐ In Standard DMEM Transport Media ☐ In Saline (PBS)

☐ Dry (no fluid added) ☐ Other Media (include supplements) *Specify:* _____

Minimum Specimen Size Required (mg or dimensions): _____

[Note: Standard transport media is w/o serum + 1x penicillin, streptomycin, fungizone]

Please indicate who should be notified when a specimen is available for pickup:

Name: _____ Phone #: _____ PIC/Pager #: _____ Email: _____

Name: _____ Phone #: _____ PIC/Pager #: _____ Email: _____

☐ Fixed Tissue

☐ Formalin-Fixed, Paraffin-Embedded (FFPE) Block

☐ Fixed in RNAlater (☐ Keep at 4°C after fixation; ☐ Freeze after fixation)

☐ Other (non-standard fixative, etc.) *Specify:* _____

Minimum Specimen Size Required (mg or dimensions): _____

☐ Other: _____

Biofluids (Prospective, Banked, or Remnant):

☐ Biorepository Prospective/Newly-Acquired Biofluids

☐ Whole blood ☐ Serum ☐ Plasma ☐ Buffy Coat ☐ PBMCs

Minimum fluid sample size required (μL or mL): _____

Additional Instructions: _____

☐ Biorepository Banked Biofluids

☐ Serum ☐ Plasma ☐ Buffy Coat (1 mL in FBS/DMSO) ☐ PBMCs

Banked Serum and plasma aliquots are 1.0 mL standard.

Banked Buffy Coat aliquots are in FBS/DMSO, 1.0 mL standard.

Banked PBMCs are 5-10 million/mL, 1.0 mL standard.

☐ Remnant Biofluids from UVA Medical Laboratories (after patient care is completed)

☐ Whole blood ☐ Serum ☐ Plasma ☐ Buffy Coat ☐ Urine

Minimum fluid sample size required (μL or mL): _____

Additional Instructions: _____

Biofluids Obtained Specifically for This Study (not routine patient care, with subject consent):

☐ Blood Consented and Drawn for Study Processed Into:

☐ Whole blood ☐ Serum ☐ Plasma ☐ Buffy Coat ☐ RBC pellet

☐ Peripheral blood mononuclear cells (PBMC)

☐ Urine Consented and Collected for Study

☐ Cerebrospinal Fluid Consented and Collected for Study

☐ Bone Marrow Aspirate Consented and Collected for Study

☐ Ascites Consented and Collected for Study

☐ Cytospin Slides; # of Slides: _____

☐ Other Biofluid: _____

Additional Specimen Request Details:

Note: The BTRF does not routinely deliver specimens to the end-user except by special arrangement. Specimens may be held in the BTRF facility or Surgical Pathology pending pickup. Specimens collected and processed specifically for a study which are not picked up will be charged to the investigator. Specimens on hand for more than 30 days will incur a storage charge in addition to any procurement or processing fees.