

	Title/Subject: Operational Procedures: FORM Biosample Application Form	
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Application and Instructions to Request Human Biological Materials (HBM) and/or Data

Information is available at www.acrb.ca and by contacting us at bio.bank@cancercarealberta.ca

INSTRUCTIONS AND GUIDELINES

1. **Confirm Sample Availability.** The availability of suitable samples and applicable fees can be confirmed by contacting the ACRB at bio.bank@cancercarealberta.ca.
2. **Ethics Approval:** Before submitting an application package for Human Biological Materials (HBMs) and/or data from the ACRB, the applicant must obtain approval for the research study from the applicant's local/institutional Research Ethics Board (REB).
3. **Submit Application Package:** After obtaining REB approval, a completed application package can be submitted to the ARCB staff through bio.bank@cancercarealberta.ca. A complete application package includes:
 - a. Application form, typically signed by the individual who holds the Ethics Protocol
 - b. A scientific abstract
 - c. CV of Applicant
 - d. Ethics Protocol plus relevant amendments
 - e. Letter of Approval from the REB for the Ethics Protocol
4. **Execute Material Transfer Agreement (MTA):** Upon approval of the application Alberta Health Services will prepare the MTA and provide it to the applicant for signatures.
5. Invoicing and shipment of materials will be arranged.
6. By requesting and accessing HBMs from the ACRB, the applicant(s) must acknowledge the ACRB (Alberta Cancer Research Biobank supported by Alberta Health Services) in all relevant publications (Materials and Methods section), presentations and speaking engagements.
7. The ACRB may contact the applicant researcher to request information with regard to publications that relate to the use of HBMs.
8. The researcher(s) are encouraged to provide feedback to the ACRB on the quality of HBMs received following their research investigations, provide recommendations to further improve the service, and give permission to list names of researcher(s) on the ACRB web page.

IDENTIFICATION

Name and Educational Qualifications (MD, PhD, etc.) of Applicant Investigator:

Employer(s) of Applicant Investigator:

Mailing Address for Sample Shipment:

Phone Number:

Email Address:

Courier Name:

Courier Account No.:

Please list ALL co-investigators who will be using the requested materials and/or data:

Name and Educational Qualifications	Primary Employer	E-mail Address

Additional co-investigators (please attach list)

Name and contact information for individual who prepared the Application Form, if not the Principal Investigator:

RESEARCH PROPOSAL

Title of Proposed Research:

Pilot Study Fully funded proposal

Funding Source(s) / Granting Agencies:

Amount of Funds Available for this Research Project:

\$

RESEARCH ETHICS BOARD (REB) OR COMMITTEE APPROVAL

Name of REB:

Location of REB:

Summary of materials previously received from the ACRB:

MATERIALS AND DATA REQUESTED

Are you requesting human biological materials for research? Yes No

Do you require matched blood & tissue samples? Yes No

If so, please specify in Inclusion/Exclusion box below.

Blood Requested volume: _____

↳ Serum (red top) Plasma (EDTA lavender) Buffy Coat Red Blood Cells

FFPE Sections¹

↳ H&E Slide Scrolls Unstained slides TMA Slides

¹ACRB offers FFPE materials from a subset of participants through our open access sample collection. Clinical FFPE materials may additionally be available from our provincial laboratory.

Snap Frozen Tissue (check all that apply)

↳ Tumour Tissue Regional Metastasis Tissue (lymph node)

Distant Metastasis Tissue Normal Tissue Adjacent to Tumour

Normal Tissue (not adjacent to tumour tissue)

Add instructions to clearly complete inclusion/exclusion criteria

<p>1. Criteria that HBMs and participant clinical information must meet (e.g., age, gender, histological type, etc.)</p> <p>2. Specify the cancer type (breast, ovarian, etc.) and the material type requested (primary tumor tissue, DNA, etc.)</p> <p>3. Specify number(s) of materials or participants</p> <p>4. Specify any exclusion criteria (i.e. neo-adjuvant treatments, prior cancer diagnoses, co-morbidities etc..)</p>	<p>Describe Inclusion/Exclusion Criteria:</p>
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Will you request access to de-identified clinical data? Yes No

****Please list data elements you may require****

Documents to Attach:

- A scientific abstract
- A brief CV of the applicant researcher with publications relevant to the proposed research
- Ethics Protocol plus relevant amendments
- Letter of Approval/Renewal from the REB for the Ethics Protocol

Signature of Investigator and/or
Grant Holder

Date

Signature of the Co-Investigator and/or
Grant Holder

Date