BC Children's Hospital BioBank
Material & Data Access Application Form

Application Date:

Project Title:

Principal Investigator *(first, middle, last name)***:**

Affiliation:

E-mail:

Laboratory Contact person *(e.g., lab manager who will receive the materials)***:**

Laboratory Shipping address *(if different than above)***:**

Telephone:

Fax:

E-mail:

Questions and applications must be submitted by e-mail to the BCCH BioBank at biobank@cw.bc.ca

A. DIAGNOSTIC CRITERIA FOR SAMPLES OF INTEREST

DIAGNOSTIC CRITERIA	ICD-10 CODE (optional)	INCLUSION CRITERIA	EXCLUSION CRITERIA

A.1. DETAILS OF BIOSPECIMENS

BLOOD PRODUCTS	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS
Whole Blood		aliquots per sample, mL per aliquot
Plasma		aliquots per sample, µl per aliquot
Serum		aliquots per sample, µl per aliquot
PBMC		aliquots per sample, cells x 10^6/mL per aliquot
Buffy Coat		Please fill only one of the options below: aliquots per sample with RBC lysis / aliquots per sample without RBC lysis
DNA		DNA Source: ("blood", "saliva", or "buccal") ng/µl per aliquot
RNA		ng/µl per aliquot
Whole Blood Spot Cards		Number of punches per card:

CORD BLOOD PRODUCTS	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS
Mononuclear Cells		aliquots per sample, cells x 10^6/mL per aliquot
Plasma		aliquots per sample, µl per aliquot

BONE MARROW PRODUCTS	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS	
Mononuclear Cells		aliquots per sample, cells x 10^6/mL per aliquot	
Plasma		aliquots per sample, µl per aliquot	
FFPE Biopsy		**Please fill only one of the options below:**	
		slides persample (2 sections per slide)	# of scrolls per sample

FLUIDS	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS
Cerebrospinal Fluid		aliquots per sample, µl per aliquot
Saliva		aliquots per sample, µl per aliquot
Urine		aliquots per sample, mL per aliquot
Pleural Fluid		aliquots per sample, mL per aliquot
Sputum		aliquots per sample, mL per aliquot
Breast Milk		aliquots per sample, mL per aliquot

OTHER	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS	
Stool		Please fill only one of the options below:	
		aliquots per sample mL per aliquot	dipsticks per sample
Expanded cells		aliquots per sample, cells x 10^6/mL per aliquot	

Other: (please specify)		

TISSUE

Number of cases requested:

Anatomical site information (i.e. organ – e.g. placenta):

	Please fill only one of the options below:	
	Weight (mg)	**Volume (mm^3)**
Fresh-Frozen		

Please list all unique specimen requirements for any of the above biospecimens:

	# of slides per case (standard is 2 sections per slide, 4-5 µm)	**# of scrolls**	**Thickness* (µm; standard is 20 µm)**
FFPE			

A.2. DATA REQUESTED

Please list all data requirements for the samples of interest:

Timing of data release:

Do you require any of the above data at the same time as specimen release? (Yes/No)

If you answered "yes", please specify which data is required at the same time as specimen release:

B. OTHER APPLICATION DETAILS

B.1. Has/Will this specific project receive(d) independent scientific/methodological peer review?

(Yes/No)

If yes, please indicate the names of the agency, committee or individual and review dates:

If not, please justify or explain why no review has taken place:

B.2. Has this project been approved by your REB/IRB*?*

***(*Yes/No/Pending)**

(if this application is successful a copy of the REB/IRB approval certificate will be required prior to shipment of the materials)

B.3. Have you secured funding to carry out this project?

(Yes/No)

If yes, please name the funding source (agency, project title, $$ and dates):

If not, please explain how funding will be obtained:

REQUIRED SUPPORTING DOCUMENTATION:

- A current *curriculum vitae* for the Principal Investigator*(any agency CV is accepted, eg Common CV, NCIC, DOD, NIH, MSFHR, etc)*
- A 1 page (maximum) summary/abstract of the research project- please paste into box on page 4 (include hypothesis, aims, technical approach & statistical justification for requested sample size)

Summary/abstract of the research project:

FEES AND SIGN OFF

Re imbursement for preparation and distribution (to be filled out by BCCH BioBank Administrative Manager once application is approved)

Amount: $_____ (CAD) Recipient's FEDEX Account number: _____

Signed for and on behalf of _____ *(Legal name of Recipient company or institution)*, by its duly authorized officer: _____ Name: Title: Date:	Accepted by **Provider**: _____ *Co-Director, BC Children's Hospital BioBank* Date: Read and acknowledged by **Recipient Scientist**: _____ *Name:*

*** Please note that we require the following wording to be inserted into the acknowledgements section of all publications and presentations which have utilized BCCH BioBank specimens:**

Methods:
Samples were collected and provided by the BC Children's Hospital BioBank (Vancouver, BC). The British Columbia Children's Hospital BioBank (BCCHB) is an institutional biobank that collects samples and data from both children and women at BC Children's and Women's Hospitals and Health Centres for future, ethically-approved research. The BCCHB also supports local research projects through a number of services such as consenting, sample processing, and sample storage.

Acknowledgements:
We gratefully acknowledge the work and staff of the BC Children's Hospital BioBank for their assistance with sample and clinical data acquisition.

The Recipient issues this Material & Data Access Application Form in accordance with the Material Transfer Agreement with Provider, effective as of _____ and which is attached by reference to this Material & Data Access Application Form (the "Agreement"). The Recipient acknowledges receipt of the Agreement from Provider. By signing this Material & Data Access Application Form, the Recipient agrees to the terms and conditions of the Agreement that will govern the transfer and use of the Original Material under this Material & Data Access Application Form.

By initialing in the box at the end of this paragraph, the recipient/researcher acknowledges that should they discover any findings that may be clinically relevant to the participant, it is their responsibility to inform both the BCCHB and their institutional REB of these findings. ☐