



**BC Children's Hospital BioBank  
Material and 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](mailto:biobank@cw.bc.ca)

**A. DIAGNOSTIC CRITERIA FOR SAMPLES OF INTEREST**

<b>DIAGNOSTIC CRITERIA</b>	<b>ICD-10 CODE (optional)</b>	<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>

**A.1. DETAILS OF BIOSPECIMENS**

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

CORD BLOOD PRODUCTS	# OF SAMPLES REQUESTED	MINIMAL REQUIREMENTS
Mononuclear Cells	<input type="text"/>	<input type="text"/> aliquots per sample, <input type="text"/> cells x $10^6$ /mL per aliquot
Plasma	<input type="text"/>	<input type="text"/> aliquots per sample, <input type="text"/> $\mu$ L per aliquot

BONE MARROW PRODUCTS	# OF SAMPLES REQUESTED	<u>MINIMAL</u> REQUIREMENTS	
Mononuclear Cells	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> cells x 10 <sup>6</sup> /mL per aliquot
Plasma	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> µl per aliquot
FFPE Biopsy	<input type="text"/>	Please fill only one of the options below:	
		<input type="text"/> slides per sample (2 sections per slide)	<input type="text"/> # of scrolls per sample

FLUIDS	# OF SAMPLES REQUESTED	<u>MINIMAL</u> REQUIREMENTS	
Cerebrospinal Fluid	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> µl per aliquot
Saliva	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> µl per aliquot
Urine	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> mL per aliquot
Pleural Fluid	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> mL per aliquot
Sputum	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> mL per aliquot
Breast Milk	<input type="text"/>	<input type="text"/> aliquots per sample,	<input type="text"/> mL per aliquot

OTHER	# OF SAMPLES REQUESTED	<u>MINIMAL</u> REQUIREMENTS	
Stool	<input type="text"/>	Please fill only one of the options below:	
		<input type="text"/> aliquots per sample <input type="text"/> mL per aliquot	<input type="text"/> dipsticks per sample

Expanded cells	<input type="text"/>	<input type="text"/> aliquots per sample, <input type="text"/> cells x 10 <sup>6</sup> /mL per aliquot
Other: (please specify)	<input type="text"/>	

**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 <sup>3</sup> )
Fresh-Frozen	<input type="text"/>	<input type="text"/>

	# of slides per case (standard is 2 sections per slide, 4-5 µm)	# of scrolls	Thickness* (µm; standard is 20 µm)
FFPE	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**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: \_\_\_\_\_

<p>Signed for and on behalf of</p> <p>_____</p> <p>(legal name of Recipient company or institution), by its duly authorized officer:</p> <p>_____</p> <p>Name:</p> <p>Title:</p> <p>Date:</p>	<p>Accepted by <b>Provider</b>:</p> <p>_____</p> <p>Dr. Suzanne Vercauteren Director, BC Children's Hospital BioBank Date:</p> <p>Read and acknowledged by <b>Recipient Scientist</b>:</p> <p>_____</p> <p>Name:</p>
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\* Please note that we require the following wording to be inserted into the acknowledgements section of all publications which have utilized BCCH BioBank specimens:  
"Specimens for this study were provided by the BC Children's Hospital Biobank, Vancouver, BC, Canada".

The Recipient issues this Material and Data Release Form in accordance to Section 3.1 of the Material Transfer Agreement with Provider, effective as of \_\_\_\_\_ and which is attached to this Material and Data Release Form (the "Agreement"). The Recipient acknowledges receipt of the Agreement from Provider. By signing this Material Access Application Form, the Recipient agrees to the terms and conditions of the Agreement and will govern the transfer and use of the Original Material under this Material Access and Data Release form.

By initialing in the box at the end of this paragraph the recipient acknowledged the BCCHB policy in regard to incidental and non-incidental findings. Should the researcher discover any findings that may be clinically relevant to the participant it is their responsibility to inform their institutional REB of these findings.