ALFRED BRAIN TUMOUR BIOBANK SAMPLE/DATA REQUEST FORM
HREC PROJECT NUMBER 579/18

Biospecimens from the **Alfred Brain Tumour Biobank (ABTB**) are provided with the intention of facilitating research into neurological disorders.

All researchers requesting access to biospecimens from the ABTB are required to have Human Research Ethics Committee (HREC) approval for their proposed research.

Biospecimens will not be provided until a signed copy of this request form has been received by the ABTB Biobank Manager.

Please type your answers or print clearly.

Email a scanned copy of this form to:
Dr Marian Todaro
ABTB Biobank Manager
EMAIL: **Marian.Todaro@monash.edu**
PLEASE TYPE IN SUBJECT LINE: ‘Application for biospecimens/data from the ABTB’

SECTION 1: APPLICANT DETAILS

ALL CORRESPONDENCE REGARDING THIS APPLICATION SHOULD BE DIRECTED TO:

TITLE	Ms ☐	Mr ☐	Mrs ☐	Dr ☐	A/Prof ☐	Prof ☐

NAME	
AFFILIATION	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	

PROJECT LEAD, PRINCIPAL INVESTIGATOR OR SUPERVISOR	☐ SAME AS CONTACT PERSON ABOVE

TITLE	Ms ☐	Mr ☐	Mrs ☐	Dr ☐	A/Prof ☐	Prof ☐

NAME	
AFFILIATION	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	

LIST ALL OTHER RESEARCHERS NAMED ON THIS PROJECT:

SECTION 2: AREA OF SCIENTIFIC OUTLOOK

CATEGORY	% OF PROJECT	CATEGORY	% OF PROJECT	CATEGORY	% OF PROJECT
☐ TRANSLATIONAL RESEARCH		☐ BIOMARKER RESEARCH		☐ GENOMIC RESEARCH	
☐ PROTEOMIC RESEARCH		☐ DIAGNOSTIC RESEARCH		☐ CLINICAL SUPPORT RESEARCH	
☐ OTHER (PLEASE SPECIFY)					

SECTION 3: SAMPLE REQUEST

TUMOUR TYPE (please specify type according to the 2021 WHO classification)				
TIME POINT				
SAMPLE TYPE	☐ PLASMA	☐ SERUM	☐ DNA EXTRACTION (Blood)	☐ RNA EXTRACTION (Blood)
☐ WHOLE BLOOD	☐ BUFFY COAT	☐ PBMCs	☐ CSF	☐ SNAP FROZEN BRAIN TISSUE
☐ FFPE TISSUE SECTIONS	☐ FFPE TISSUE CORES	☐ FRESH BRAIN TISSUE	☐ OTHER (PLEASE SPECIFY)	
NUMBER OF SAMPLES				

SECTION 4: PROJECT DETAILS

NOTE: Please make sure to submit all relevant supporting documentation with this form.

SHORT TITLE OF PROJECT:	

THE APPLICATION REQUIRES:

☐ RETEROSPECTIVE SAMPLES
☐ PROSPECTIVE SAMPLES
☐ ONLY DATA RELATED TO SAMPLES

Do you require any clinical data for this project?	☐ Yes ☐ No

If yes, outline the type of clinical data:		
☐ PATHOLOGY	☐ TREATMENT	☐ FOLLOW UP/OUTCOME
☐ COMORBIDITIES	☐ PRESENTING SIGNS AND SYMPTOMS	☐ DIAGNOSIS
☐ RADIOLOGY	☐ MEDICATIONS	☐ PATIENT DEMOGRAPHICS
☐ OTHER, please specify:		

PROPOSED TIMEFRAME OF PROJECT	Commencement Date:	Completion Date:
HOW WILL THE PROJECT BE RESOURCED?		

SECTION 5: ETHICAL APPROVAL

Have you received full ethical approval for this project? Please attach HREC approval certificates.	☐ YES	☐ NO	☐ PENDING
HREC PROJECT NUMBER			
List all HRECs that have approved or are currently considering the ethical conduct of this research:			

SECTION 6: DECLARATION

PLEASE READ AND SIGN THE FOLLOWING DECLARATION BEFORE SUBMITTING YOUR APPLICATION:

I certify that i have read and understood the ABTB data/sample access policy.

I/we agree that the services provided by the biobank will be used to support research work as detailed in the attached application. The material will not be used for other studies or distributed to third parties, unless approval has been obtained from the biobank. Biospecimens and their products will not be passed to a third party.

I/we realise that there is the potential that this human biological material may contain infectious agents and, therefore, will handle it appropriately.

I/we agree to acknowledge the use of biospecimens, data and services provided by the Alfred Brian Tumour Biobank (ABTB) in abstracts, publications or presentations associated with this research project.

I have read and understood the National Statement on Ethical Conduct in Human Research (2023) and agree to undertake all research related activities in accordance with the current protocol and provisions of the reviewing Human Research Ethics Committee (HREC), keeping with the therapeutic goods administration's guidelines for good clinical practice. I also agree to abide by national and local privacy regulations set out in all relevant privacy legislation relating to handling and managing health information.

APPLICANT SIGNATURE:	DATE:
LEAD INVESTIGATOR/ SUPERVISOR SIGNATURE:	DATE:

SECTION 7: AUTHORISATION	
Has the project been reviewed and approved by the ABTB Steering Committee	☐ Yes ☐ No

DECLARATION BY PRINCIPAL INVESTIGATOR (ABTB)		
NAME		
SIGNATURE:	DATE:	
I verify the identity of the individual requesting access to data/samples is true and correct. I permit this person access to data/samples as requested.		

OFFICE USE ONLY	
PLEASE VERIFY IF THIS DOCUMENT IS UPLOADED ON THE FILE REPOSITORY SECTION OF ABTB REDCap DATABASE	☐ YES

CHECKLIST:

☐ Completed application form

☐ HREC approved research protocol attached and HREC approval letter attached

☐ Received and read a copy of the ABTB access policy and a copy of the current ABTB patient information sheet and consent form.

PLEASE NOTE:

Sample requests apply to existing inventory and routine biobank collections.

All requests will be reviewed by the access committee. Decisions are based on availability of samples at the time request are reviewed.

The access committee will consider the following in its review:

- Scientific merit and relevance of proposed research
- Appropriate and efficient use of samples for proposed research

- Compatibility with ongoing studies
- Justification for number of requested specimens
- Availability and rarity of requested biospecimens and absence of restrictions on the biospecimens during informed consent.
- Experience of the requesting laboratory to perform proposed study
- Sufficient funding to perform proposed research.

BILLING INFORMATION

Billing Institution	Click here to enter text.					
Contact Person	Click here to enter text.					
Address	Click here to enter text.					
City	Enter text	State	Enter text	Post Code	Text	Country	Enter text
ABN number	Click here to enter text.					
Phone	Click here to enter text.	Mobile/Pager	Click here to enter text.			
Email						

CONTACT PERSON FOR BIOSPECIMEN DELIVERY (IF DIFFERENT FROM PI ADDRESS).
BIOBANK STAFF WILL NEED TO CONFIRM THAT YOUR LAB IS ABLE TO ACCEPT SPECIMENS. SPECIMENS WILL NOT BE DISPATCHED WITHOUT CONFIRMATION FROM A NOMINATED CONTACT PERSON.

First Name	Click here to enter text.	Last Name	Click here to enter text.				
Institution	Click here to enter text.						
Delivery Address	Click here to enter text.						
City	Enter text	State	Enter text	Post Code	Enter text	Country	Enter text
Phone	Click here to enter text.	Mobile/Pager	Click here to enter text.				
Email							
Notification of dispatch will be confirmed 24 hours prior, where possible. Indicate preferred method of contact:							
☐ Phone	☐ Mobile	☐ Pager	☐E-mail				

THE BIOBANK USES THE SERVICES OF SEVERAL COURIER COMPANIES AND THESE COSTS ARE PASSED ON TO THE INVESTIGATOR. PLEASE INDICATE LEVEL OF COURIER SERVICE REQUIRED.

Level of Service	☐ Delivery within 2hrs	☐ Same day	☐ Overnight	☐ Other

IF YOU PREFER A SPECIFIC COURIER COMPANY FOR WHICH YOU HAVE AN ACCOUNT, PLEASE PROVIDE DETAILS BELOW:

Preferred Courier	Click here to enter text.
Customer Number	Click here to enter text.
Other Information	Click here to enter text.