

SAMPLE/DATA REQUEST FORM

Digestive Diseases Research Core Center (DDRCC)

<p>DDRCC Biobank Washington University School of Medicine 660 S. Euclid, Box 8124 St. Louis, MO, 63110</p> <p>Director: Dr. Rodney Newberry (314) 362-8940</p> <p>Clinical Research Staff: Darren Nix Latoya Evans Sewuese Akuse</p> <p>Contact us at: Phone: (314) 362-3201 Fax: (314) 747-5871 Email: nixd.wustl.edu</p>	Applicant Information	
	Study Title	
	Institution	<input type="checkbox"/> Internal <input type="checkbox"/> External
		Institution:
	Member Type	<input type="checkbox"/> FULL <input type="checkbox"/> Associate <input type="checkbox"/> P&F Awardee <input type="checkbox"/> Non-Member
	Date	
	PI Name	
	Department	
	Address	
	Phone	
	Email	
	Fax	
	Co-Investigator(s)	
	Local Collaborator(s)	
Alternate Contact(s) Name & Phone #		

STUDY DETAILS	
Start date (MM/DD/YYYY):	
Expected data of completion (MM/DD/YYYY):	
Duration of study (months):	
Has this study gone through scientific review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRB approval (please attach supporting documentation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide IRB #	
Material Transfer Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:
Study is supported by funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source:	
Approval Date:	
End Date:	
Grant #:	
Cost Center (For Internal):	

RESEARCH SYNOPSIS (only complete if you are NOT attaching an IRB protocol)

Objectives and significance of project:

Brief description of methods:

Brief description of analysis plan:

Lay summary of overall study goal (*this statement may be publicly posted on the DDRCC website*)

SPECIMEN REQUEST				
Sample request:	Type			# Specimen Requested:
	DNA	Amount requested:		
	RNA	Amount requested:		
	Serum	Volume:		
	Plasma	Volume:		
	Clot			
	Whole Blood			
	Tissue Block	Location:		
	Endoscopic Biopsy	Location/s:		
		Number of biopsies:		
		Collection media:		
	Surgical Tissue	Location/s:		
		Biopsy or Xsection:		
		Collection media:		
Stool	Amount Requested:			
Saliva	Amount Requested:			
Urine	Amount Requested:			
Other (Specify):				
Inclusion Criteria: (Age, sex, race/ethnicity, diagnosis, etc.)				
Exclusion Criteria: (Age, sex, race/ethnicity, diagnosis, medications, etc.)				
Additional data requested: (for data requests of several fields please attach data collection sheet)				
Will consenting prospective participants be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Time Frame:	
Will you require the ability to produce cell lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, will you supply the collection media? Yes No	

DDRCC BIOBANK FEE LIST
As of March 2017

BIOBANK CORE CHARGES	Full Member Prices	Associate & NON-Member Prices
Consent on non-DDRCC consent	\$50	\$63
Questionnaire	\$35	\$44
Whole Blood Draw	\$50	\$63
Saliva Collection (not including kit)	\$50	\$63
Urine Collection	\$50	\$63
Stool Aspirate Collection	\$50	\$63
Stool Collection (<i>does not include mail or courier costs if applicable</i>)	\$100	\$125
Endoscopic Biopsy Collection	\$100	\$125
Surgical Tissue Collection	\$100	\$125
Archival Specimens**:		
Tissue Block per slide	\$20	\$25
DNA from blood or tissue per µg	\$50	\$63
RNA from tissue per µg	\$50	\$63
Plasma per 100 µL	\$30	\$38
Serum per 100 µL	\$30	\$38
Stool 10gm sample	\$30	\$38
Cell Line Sets	\$500	\$625
Lab Services:		
RNA Pico Chip (per 12)	\$20	\$25
RNA Nano Chip (per 12)	\$50	\$63
DNA Extraction ₁	\$35	\$44
RNA Extraction ₁	\$50	\$63
Stool Samples Processed	\$35	\$44
IRB Assistance:		
IR- Full Board Review	\$500	\$600
IR- Exempt / Expedited	\$250	\$300
Continuing Review	\$250	\$300
Modifications	\$250	\$300
PRMC	\$500	\$600

Previously collected clinical metadata are available for archival specimens. Additional clinical data can be obtained and charge negotiated based upon the number and type of clinical variables.

** Queries for archival specimens should be directed to Darren Nix, nixd@wustl.edu

**Digestive Diseases Research Core Center Biobank
Specimen Use Acknowledgment
(Internal)**

As a condition of the Washington University Digestive Diseases Research Core Center Biobank ("Biobank"), releasing specimens to investigator ("Recipient") for research purposes, Recipient acknowledges and agrees as follows:

1. Use of Specimens. All specimens provided to Recipient by the Biobank will be used only for purposes of the research described in the application, attached as Exhibit A ("Research") and for no other purpose. Recipient acknowledges that all specimens are provided stripped of personal health information identifiers and agrees that no attempt will be made to learn the identity of the subjects providing the specimens or any other information from which their identity could reasonably be determined. Neither the specimens nor their derivatives may be sold or otherwise transferred to any third party (including other Washington University investigators or other institutions) without the prior written approval of the Biobank. The Biobank retains ownership of the specimens at all times.
2. Handling of Specimens. Recipient acknowledges that while the Biobank attempts to avoid supplying specimens contaminated with highly infectious agents such as hepatitis and HIV, all specimens should be handled as if potentially infectious. The Recipient will follow all applicable laws and regulations (including OSHA regulations) for handling, storage and use of human specimens and will ensure that Recipient's staff are trained in the dangers of and procedures for safe handling, storage and use of human specimens that are potentially infectious. Recipient is prohibited from using the specimens in human subjects or for the treatment or diagnosis of human subjects.
3. Termination. This Agreement will terminate at the conclusion of the Research or upon 30 days' prior written notice by either party. Upon completion of the Research or termination of this Agreement, any unused specimens will be returned to the Biobank or destroyed under the direction of the Biobank.
4. Reporting. Recipient will immediately report to Biobank any injuries that may arise from use of the specimens and any use of the specimens not permitted by this Agreement.
5. Inventions. Recipient will comply with the Principles and Guidelines for Recipients of NIH Research Grants and Contracts on Obtaining and Disseminating Biomedical Research Resources promulgated by NIH on December 23, 1999, with respect to any materials, inventions or discoveries arising out of the Research. Recipient will abide by the NIH Research Tools policy and applicable Washington University School of Medicine policies.
6. Warranty Disclaimer. Specimens are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied.
7. Publications. The Recipient will acknowledge the contributions of the Biobank in all publications resulting from the use of these specimens. Recommended wording to the methods or acknowledgment section is as follows: "Tissue samples and clinical data were provided by the Washington University School of Medicine Digestive Diseases Research Core Center Biobank, which is supported by NIH grant P30 DK052574. We would also thank the patients and families for their donations."

Recipient

Signed: _____

Date: _____

Printed Name: _____

Department/Division: _____