



USA Health Biobank Biospecimen Request Form

| For USA Health Biobank Use | DATE |
|-----------------------------|------|
| Application Received | |
| Human Subjects IRB Approval | |
| Reviewed and Approved | |

I. DIRECTIONS

The information requested in these forms is necessary to ensure that your request for tissue and fluid biospecimens and other services is correctly documented. Please note, the requests made in this Biospecimen Request Form are valid for six months from the date of approval or until all requests herein have been met, whichever comes first. If, after six months, all requests have not been met, submission of a Biospecimen Request Form continuation and approval of the USA Health Biobank Utilization Committee is required to extend these requests for another six months. Multiple Biospecimen Request Forms may be on file at any one time. Length of approval may be amended by an agreement between the investigator and the USA Health Biobank Utilization Committee.

When submitting a written request for services:

- A. Read the provided *USA Health Biobank Information for USA Investigators* document.
- B. Neatly print or type.
- C. Send your completed form to: usahealthbiobank@health.southalabama.edu

For additional information, contact:

Elba A. Turbat-Herrera, M.D.: etherrera@health.southalabama.edu
 Veronica Ramirez Alcantara, Ph.D.: usahealthbiobank@health.southalabama.edu

II. INVESTIGATOR DATA

Principal investigator: _____

Title: _____

Department: _____

Address: _____

Primary phone: _____; Secondary phone: _____

Email: _____; Fax: _____

Contact person (optional): _____

Contact's phone: _____; Contact's email: _____

III. REQUEST

A. Human Tissue

- a) Anatomic Site or Tissue Type: _____
- b) Pathology: _____
- c) Metastatic Criteria (if applicable): _____
- d) Preparation and Preservation:
- i) _____ Fresh; indicate media requirements (saline, RMPI, dry, wet): _____
 - ii) _____ Frozen; indicate freezing requirements (fresh-frozen, OCT, etc): _____
 - iii) _____ Fixed; indicate fixative requirements (10% NBF, etc): _____
- e) Number of Non-Normal Samples: Male _____ Female _____ Total _____
- f) Age Range: _____ to _____
- g) Race: Afr. Am. _____ Asian _____ Caucasian _____ Hispanic _____ Other _____
- h) Size of Non-Normal Samples (1 unit \approx 5 mm³): _____
- i) Matched Normal Tissue (same patient): Yes _____ No _____
- j) Number of Normal Samples: Male _____ Female _____ Total _____
- k) Size of Normal Samples (1 unit \approx 5 mm³): _____

NOTES: _____

B. Human Fluid

- a. Fluid Type: _____
- b. Pathology: _____
- c. Preparation and Preservation: _____
- d. Number of Samples: Male _____ Female _____ Total _____
- e. Age Range: _____ to _____
- f. Race: Afr. Am. _____ Asian _____ Caucasian _____ Hispanic _____ Other _____
- g. Matched Fluid Sample (same patient): Yes _____ No _____
- h. Matched with Tissue Requested (If Applicable): Yes _____ No _____
- i. Volume needed per sample: _____

NOTES: _____

C. Services

D. Anonymous Clinical Information Needed

E. Additional Comments

NOTE: Please, notify Elba A. Turbat-Herrera or Veronica Ramirez Alcantara if your needs change.