

BIOLOGICAL SPECIMEN REQUEST FORM



Please send completed form to the SF Coordinating Center
(E-mail: MOSTCoordinatingCenter@psg.ucsf.edu)

Ancillary Study Proposal Reference #: _____ MOST sponsoring investigator: _____

Study Title: _____

Name of investigator: _____

Telephone number: _____

Fax number: _____

E-mail address: _____

1. Type and quantity of sample requested:

- Plasma supernatant _____ uL
 Plasma _____ uL
 Serum _____ uL
 DNA (from buffy coat): _____ uL
Quantity per sample: _____ ng
 Urine _____ uL

Visit specimens were collected:

BL	30m	60m
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Number of participants and sample description:

- Entire cohort
 Study pre-specified sample (Describe: _____)
 Controls (Describe: _____)
 Other (Describe: _____)

3. Justification of number of participants and volume requested:

4. Can samples be previously thawed? Yes No Please explain: _____

5. Can samples be hemolyzed? Yes No Please explain: _____

6. Can sample be shared with other investigators? Yes No Please explain: _____

7. Date samples needed: _____ / _____ / _____
Month Day Year

BIOLOGICAL SPECIMEN REQUEST FORM (Cont.)

8. Sample shipping address and contact:

Name: _____ Telephone #: _____
Fax #: _____
Email address: _____
FedEx Account # to be charged: _____

Address: _____

Street Address

City State Zip Code

9. Assays planned (be specific): _____

10. Date assay results will be electronically transmitted to SF Coordinating Center:

_____/_____/_____
Month Day Year

11.

- a. I understand that only the assays specified above may be run. If I am interested in running additional assays, I must submit an addendum to my approved Ancillary Study Proposal along with a new Biological Specimen Request Form.
- b. I agree to securely electronically transmit the results from the assays specified above for the SF Coordinating Center by the above date.
- c. I understand that I will be responsible for any aliquoting, shipping, or reinventory costs that may arise from the use of this sample. Significant residual specimen will be returned to the study repository at my cost.

Investigator Signature

Date

For SF Coordinating Center use only:

Date of Executive Committee approval: ____/____/____
Month Day Year

Date sample pull sent to biorepository: ____/____/____
Month Day Year

Date assay results received at UCSF: ____/____/____
Month Day Year