**BCBA Member Biorespositories**

**Expression of Interest for Biospecimens and/or Data Form for Researchers**

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| Principal Investigator: |  |
| Full Postal Address: |  |
| Post/Zip Code: |  |
| Telephone: |  |
| Email: |  |
| Title of research project: |  |
| Proposed start date of project: |  |
| Funding Source/s for the Project: |  |

Brief summary of project (no more than 250 words):

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Please tick the Brain Tumour samples required for your project.

[ ]  High grade glioma Specific Type      No.

[ ]  Low grade giloma Specific Type      No.

[ ]  Pituitary tumours Specific Type      No.

[ ]  Meningioma Specific Type      No.

[ ]  Medulloblastoma Specific Type      No.

[ ]  Ependymoma Specific Type      No.

[ ]  Metastases Specific Type      No.

[ ]  Other (please specify) Specific Type      No.

For brain tumour samples, please indicate the sample formats and numbers required for your project. Please note that not all sample formats are available for all tumour cases. Please duplicate entries where multiple tumour types are requested

[ ]  Frozen Tissue (please insert tumour type) No.

[ ]  FFPE Tissue Sections (please insert tumour type) No.

[ ]  FFPE Tissue Cores (please insert tumour type) No.

[ ]  Fresh Tissue (please insert tumour type) No.

[ ]  Primary Cells (please insert tumour type) No.

Please indicate whether you require or would accept pre-extracted DNA or RNA from tumour samples. Please duplicate entries where multiple tumour types are requested

[ ]  Tissue DNA (please insert tumour type) No.

[ ]  Tissue RNA (please insert tumour type) No.

Please indicate whether you require non-tumour / germline control samples for your project. Please note that not all formats will be available for all cases.

[ ]  Whole blood No.

[ ]  Serum No.

[ ]  Plasma No.

[ ]  Buffy Coat No.

[ ]  Blood DNA No.

[ ]  Blood RNA No.

[ ]  Buccal Swab No.

[ ]  Adjacent brain tissue No.

[ ]  Other (please specify type and number) No.

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Please tick all data type/s required for your project.

[ ]  Pathology

[ ]  Lifestyle Factors

[ ]  Family History

[ ]  Treatment

[ ]  Follow up/ outcome

[ ]  Medications

[ ]  Comorbidities

[ ]  Other (please specify)

Please justify the number and type of samples and/or data requested.

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Please indicate whether samples should derive from a single biobank, or whether your project could be supported by multiple biobanks.

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**Please note that approval of the project by a Human Research Ethics Committee (HREC) is required before materials can be supplied by the biobanks. Access to samples from the individual biobanks may require submission of biobank specific full application/s. The applications will undergo assessment by, and must be approved by, the individual biobanks.**