|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR INFORMATION** | | | | |
| **Last Name:** |  | | **First Name:** |  |
| **Position | Title:** |  | | | |
| **Department:** | **Divison:** | | **Division:** |  |
| **Street 1:** |  | | | |
| **Street 2:** |  | | | |
|  | **State:** | | |  |
| **Country:** | **Zip Code:** | | **Zip Code:** |  |
| **Phone Number:** | **FAX:** | | **FAX:** |  |
| **E-mail:** |  | | | |
| **Signature:** |  | | | |
| **ADMINISTRATIVE INFORMATION: INSTITUTIONAL BUSINESS OFFICIAL/CONTACT** | | | | |
| **Last Name:** |  | **First Name:** | |  |
| **Phone Number:** | **FAX:** | | **FAX:** |  |
| **E-mail:** |  | | | |
| **APPLICANT TYPE** | | | | |
| **Applicant Type** | **Public/State-controlled educational institution**  **Private educational institution**  **Non-profit with 501(C)(3) IRS status (other than educational institution)**  **Non-profit without 501(C)(3) IRS status (other than educational institution)**  **For-Profit Organization**  **Federal government** | | | |
| **TYPE OF FUNDING AND APPLICATION** | | | | |
| **Funding** | **Is the proposed project currently funded?**  **Yes  No**  **\*\*\*Please submit a budget with this application\*\*\*\***  **Funding Type:**  **Institutional**  **NIH**  **Other (describe): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Application** | **Collaboration with CCTRN investigator(s)**  **Independent of CCTRN** | | | |

**CCTRN Biospecimens Application Form**

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| --- | --- | --- | --- | --- |
| **INSTITUTIONAL APPROVAL** | | | | |
| **IRB Approval | Exception Status** | **Not Required** | **Approved** | **Waiver of approval** | **Pending** |
| **Approval Number** |  | | | |

**Project Summary: Please provide a succinct description of the proposed work including: specific aims, background and significance, clinical relevance (if applicable), and a research plan that includes justification for the requested quantities of biospecimens and a description of statistical analyses to be performed.**

|  |
| --- |
| **PROJECT TITLE** |
|  |
| **PROJECT SUMMARY** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BIOSPECIMENS REQUEST: Describe any specific specimen characteristics in the Other section** | | | | | |
| **Study** | **Specimen Type** | **Volume or Cell Number\*** | **Total Number of Samples** | **Frozen** | **Fresh** |
|  | **Plasma**  **Serum** |  |  |  |  |
|  | **WBCs/Buffy Coat**  **Bone marrow**  **Peripheral blood** |  |  |  |  |
|  | **Mononuclear Cells (if available)**  **Bone marrow**  **Peripheral blood** |  |  |  |  |
|  | **Buffy Coat DNA**  **Bone marrow**  **Peripheral blood** |  |  |  |  |
|  | **Buffy Coat RNA**  **Bone marrow**  **Peripheral blood** |  |  |  |  |
|  | **Other** |  |  |  |  |
|  | **Specific characteristics of specimens critical to your research (demographics, etc.):** | | | | |
|  | **\*Use the minimum quantities necessary to conduct the proposed research. If additional amounts are requested, provide justification in the Other Comments section.** | | | | |

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| **OTHER COMMENTS** |
| **Optionally, please use this space to provide additional comments relevant to this application:** |
|  |

By signing below, you agree that the information contained herein is true and correct to the best of your knowledge.  Please note that if the request is approved you will be asked to sign a Materials Transfer Agreement with the Texas Heart Institute**.**

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(Investigator signature) (Date of signature)