**Biospecimen preliminary request form**

To be completed and sent to: biobanques.siege@inserm.fr

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**Request number**

For internal Use Only

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**APPLICANT**

**Name** : **First name** :

**Position** :

**Institution** :

**Structure type**: Public  Private  Other  …………………………………

**Address** :

**E.mail** :

**Phone** :

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**PROJECT INFORMATION**

**Full title**:

**Keywords**:

**Abstract** (5-10 lines):

**Publications** (3-5, in connection with the project):

**TYPE OF REQUEST:**

Simple cession  Partnership (acknowledgements)

**RESOURCES REQUEST**

**A. Patient biological samples**

Pathology**:……………………………………………………………………………………………………………….**

Diagnosis (code type):ICD:……………SNOMED:……………………...other:……………….............

Age at diagnosis: from:…………….to:……………………………………………………………………………..

Organ/Site:…………………………………………………………………………………………………………………

Patient age at the date of sample collection: from:…………….to:…………………………………**.**

Gender:Female  Male  any

Number of patients: **……………………………** Number of samples per patient:……………………

**Biospecimen type**:

***Tissues***

*Tumor*: **primary**  **metastasis**  **normal adjacent tissue**

Preservation mode: FFPE  dry frozen  OCT embedded  RNAlater treated Anatomo-pathological data**:…………………………………………………………………………….**

*Non tumor tissue*:

Preservation mode: FFPE  dry frozen  OCT embedded  RNAlater treated

**Quantity (mg**):…………………………

***Fluids***

whole blood  serum  plasma  buffy coat  Clot  filter paper  PBMC

***Other types***

cerebrospinal fluid  Amniotic fluid  saliva  urine  Feces

**Quantity (ml**):………………………… **Storage conditions:………………………**

***DNA***  ***RNA***  ***from***

tumour  non tumour tissue  blood

**Quantity (ng**)):………………………… **Storage conditions:………………………**

***Other types of biospecimen (please specify):* ………………………………………………..**

**Associated data:** YES  NO

clinical biological  genomic  imagery …other (please specify): ………

**Additional information or comments**: *(eg. tests required)*

**B. Control biological samples**

Organ/Site:……………………………………………………………………………………………………………….

Subject age range:from**…………..**to **…………….**

Gender:Female  Male  any

Number of cases: ……………………………………………………………………………………………………..

**Biospecimen type**:

***Tissue***

**Preservation mode**: FFPE  dry frozen  OCT embedded  RNAlater treated

**Quantity (mg) :…………………...**

***Fluids***

whole blood  serum  plasma  buffy coat  Clot  filter paper  PBMC

***Other types***

cerebrospinal fluid  Amniotic fluid  saliva  urine  Feces

**Quantity (ml) :………………….......... Storage conditions:** ………………………………

***DNA***  ***RNA***  ***from***

tissue  blood

**Quantity (ng) :…………………....…….Storage conditions:** ………………………………..

**Associated data:** YES  NO

clinical biological  genomic  imagery …other (please specify): ………

**Additional information or comments**:

**C. Cells**

primary  line

identity or name:……………

organisms (Human, mouse, rat...): ……………

Tissue/Type: :……………

Disease: :……………

**Additional information or comments**: ……………………………………………………………………..

**D. Request for prospective study**

I am interested to establish a prospective collection of samples

Pathology:

Organ/site:

Type of sample:

Number of cases:

Predicted start date of project:

Planned project duration:

Additional information or comments: