ONTARIO TUMOUR BANK

Ontario Tumour Bank Sample and Data Application

Study Title

Principal Investigator Information

Salutation | Given Name | Surname

Department and Institution

Address | City

Province/State | Postal/Zip Code | Country

Office Phone | Office Fax | Email

☐ **I will attach a current CV in a standard scientific grant format (e.g., CIHR, NCIC, NIH)**

Laboratory Shipping Address

Shipping Contact | Room Number

Department and Institution

Address | City

Province/State | Postal/Zip Code | Country

Lab Phone | Lab Fax | Email

Billing Information

☐ Same as shipping address ☐ Same as Principal Investigator address ☐ As below:

Billing Contact

Department and Institution

Address | City

Province/State | Postal/Zip Code | Country

Telephone | Fax | Email

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Shipping Information

Purchase Order # _____ ◯ Check here if purchase order number is not available

Tax ID Number _____ (Required for international and U.S. orders)

Courier charges will be added to your invoice unless the following information is provided:

◯ FedEx ◯ Purolator Shipping Account Number _____

Other special delivery instructions (e.g., express delivery) _____

Please review the following statements and indicate your agreement to the conditions listed. In addition, provide a full signature and date on page 7 of this application.

◯ Agree — The Biological Materials, herein referring to blood plasma, buffy coat, tumour tissue, normal tissue, stained or unstained slides, wax curls and accompanying clinical data from human subjects provided by the Ontario Institute for Cancer Research (OICR), shall be used in the manner described on this Application Form. Any change in the project direction must be communicated in writing to and approved by OICR prior to implementation. OICR reserves the right to reject any changes.

◯ Agree — "Licensed Field of Use" means any use of the Biological Materials in the manner described on the Application Form. The Licensed Field of Use specifically excludes any use of Biological Materials in any *in vivo* use. Researcher shall not use the Biological Materials or any constituents or progeny thereof for transplantation purposes or for the genetic cloning of the donor of the Biological Materials.

◯ Agree — Neither the Biological Materials nor extracts from the Biological Materials shall be incorporated into any product that is intended for use in humans.

◯ Agree — The Biological Materials must not be sold, shared, distributed, or otherwise transferred (for consideration or otherwise) to third parties, including any other Researcher within the Researcher's organization, and may not be taken with the Researcher to another institution or company without specific prior written authorization of OICR.

◯ Agree — The Researcher understands and acknowledges that the identity of the donor of any Biological Materials, whether living or deceased, is confidential, and that the Researcher shall not attempt to establish the identity of a donor of any Biological Materials, but may relay any clinically significant findings to OICR.

◯ Agree — The screening of donors for the presence of such pathogens as HIV, tuberculosis, or Hepatitis B is not performed by OICR. The Researcher and its employees and assignees shall treat all Biological Materials as if they are contaminated and potentially infectious. The Researcher will ensure that its employees or others who on its behalf handle Biological Materials supplied by OICR are aware of the hazards and risks involved in handling Biological Materials. The Researcher will ensure that all necessary safety procedures and practices are in place and will ensure that its employees and all others with access to the Biological Materials will comply with all safety requirements necessary for their well being, including the use of universal precautions. Without prejudice to the provisions of aforesaid, OICR accepts no liability for harm caused to the Researcher's employees or others who handle the Biological Materials supplied by OICR.

◯ Agree — OICR will send links of digitized slide images of samples to Researchers before Biological Materials are shipped. It will be the Researcher's responsibility to use these slide images to make an informed decision about which Biological Materials to request from OICR.

◯ Agree — The Researcher is responsible for ensuring that all of his/her Research Organization's policies and guidelines are adhered to in using the requested Biological Materials for research.

◯ Agree — The researcher will ensure that appropriate physical and electronic measures are taken to ensure the security and confidentiality of the tissues and data. For example: restricted access and security of the tissue storage area, encryption of and restricted access to data, password protected computers, secure destruction of data, etc.

◯ Agree — Upon termination of the Material Transfer Agreement, the researcher agrees to promptly destroy any remaining Biological Materials in a safe and secure manner.

◯ Agree — The researcher agrees to acknowledge the contributions of OICR in all publications and presentations of studies using Biological Materials received from OICR as "Biological Materials were provided by the Ontario Tumour Bank, which is funded by the Ontario Institute for Cancer Research" and agrees to provide a copy to OICR.

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Sample Request

Disease detail | Number of cases

Fresh Frozen Samples

☐ Not required

Number of vials required per case | Minimum amount required per vial

- Fresh Frozen Tumour — mg
- Fresh Frozen Normal Adjacent — mg
- Fresh Frozen Plasma — ml
- Fresh Frozen Buffy Coat — ml
- Fresh Frozen Circulating Nucleic Acid Plasma — ml

Extraction from fresh frozen samples

Minimum amount required per vial

- ☐ RNA — ng
- ☐ DNA — ng

Justification for number of vials requested if more than one vial required per case (expand on details in the Research Proposal section)

Paraffin Embedded Samples

☐ Not required

☐ Paraffin Embedded Tumour ☐ Paraffin Embedded Normal Adjacent

☐ Extraction from Paraffin Embedded Samples

Minimum amount required per vial

- ☐ DNA — ng
- ☐ RNA — ng

Slides ☐

Number of slides/case | Thickness | Type of staining

☐ Charged Slides OR ☐ Uncharged Slides

Baking temperature: ☐ 37°C ☐ 60°C | Baking time minutes

Additional preparation details

Wax Sections ☐

Number of sections per case | Thickness maximum 10µm

Additional preparation details:

Tissue Microarray ☐

Number of tumour cores | Number of tumour core replicates

☐ Whole block ☐ TMA sections

Additional preparation details

Please include number of sections and thickness.

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Clinical data required

(Please check all that apply)

Basic data:

- ◯ Donor demographic information (e.g., age, sex, vital status)
- ◯ Histology and diagnosis details (e.g., histologic type, stage, grade)
- ◯ Sample collection details

Full data: (basic data supplemented with information below)

- ◯ Patient history (e.g., prior cancers, history of smoking, risk factors)
- ◯ Family history of cancer
- ◯ Surgery (e.g., procedure types and dates) (*available for cases collected prior to 2009)*
- ◯ Radiotherapy (e.g., intent, start and end dates, dose) (*available for cases collected prior to 2009)*
- ◯ Toxicities relating to treatment (*available for cases collected prior to 2009)*
- ◯ Systemic therapy (e.g., intent, start and end dates, regimen and agent details)
- ◯ Outcome/follow-up (e.g., progression/recurrence status, disease-free period)

Other:

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Study Details

Time frame:

Proposed start date

Duration of project (months)

Research ethics approval:

Name of research ethics board

Date of ethics approval expiry

Do you have sufficient funding for the acquisition and analysis of the requested samples?

- ◯ Yes
- ◯ No

If yes, please specify source

Approval date

Grant number

Will processing or analysis of tissue and/or data be performed by external entities?
If yes, please describe and explain how security and confidentiality of data will be maintained. If no, check here: ◯ No

Please provide a list of other individuals who will have access to clinical data and the reason for them to have such access:

Name	Title	Institution

Reason for access

Name	Title	Institution

Reason for access

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Research Proposal

Maximum 2 pages. Please include:

Objectives and significance of project

- Explain and justify
  - o Background information;
  - o Hypothesis and aims;
  - o Inclusion/exclusion criteria for tissue (include criteria based on gender, age, etc.);
  - o The number of samples required for the overall project and the number of samples required from the OTB (provide evidence of power calculations);
  - o Clinical data required (e.g., family history, staging chemotherapeutic treatments, pathology reports, etc.);
  - o Any potential conflicts of interest in this study involving any of the investigators.

A brief description of methods

- Technical approach;
- Types of assays, markers to be measured, etc.;
- In the processing of data, will there be linkages to other databases? If yes, please describe the other databases, and comment on the possibility of identification of the source.

Please type your research proposal here. If you need additional space please use the form provided on the next page. If you are sending your research proposal separately, please indicate you are doing so in the form below.

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I have read and certify that all the information provided in this form, together with any other information that I may provide, is true and accurate to the best of my knowledge. I agree that a signed Material Transfer Agreement between OICR and my Research Organization is in place prior to the release of any tissue and data.

Signature

Date:

There are two options for submission of this form and your CV to the Ontario Tumour Bank:

Email Form

1. Email a copy of this form (without signature) and your CV to the Ontario Tumour Bank by pressing the Email Form button to the left (you can attach your CV after pressing the button). Please then fax the signed signature page to 416-977-5522 attention OTB Client Coordinator.

OR

Print Form

2. Print a copy of this form by pressing the Print Form button to the left. Please sign the printed copy and fax it, along with your CV, to the Ontario Tumour Bank at 416-977-5522, attention OTB Client Coordinator.

Please save a copy of this form for your own records.