

# Material and Data Request Form



TRANSLATIONAL RESEARCH AND SOLID STATE  
TUMOUR BIOBANK AXIS (BTD)

Réseau thématique soutenu par le

QUEBEC CANCER RESEARCH NETWORK (RRCANCER) A  
THEMATIC NETWORK SUPPORTED BY THE FRQS



We would like to thank you for your interest in using the materials and data from the BTD Axis of RRCancer. The objective of these banks is to accelerate breakthroughs in cancer research by addressing important issues dealing with cancer diagnosis and management. The banks has collected specimens from thousands of patients with cancer or from individual with either an increased risk of developing cancer or healthy controls. The samples are generally associated with clinical data regarding diagnosis, treatment and follow-up.

In order to access the banks, you will need to complete the following form and return it to the address indicated on the form. The BTD Axis Scientific Committee responsible for allocating the samples in the bank will review your application and decide whether your proposal will be accepted. It is important that you provide sufficient detail to ensure a proper evaluation of your study. Once the study is approved, you will be asked to sign the Material Transfer Agreement. To familiarize yourself with privacy issues; we strongly encourage you to complete the Education Researcher Module 1 of the CTRNet online training ([https://biobanking.org/webs/signup\\_options/ca\\_academic](https://biobanking.org/webs/signup_options/ca_academic)).

Please note that materials and data from the banks are to be used only by the Principal Investigator or employees/students working under his or her direct supervision and exclusively for the research proposed in this form. Material and data from the bank may not be transferred to a third party without the written consent of the bank manager who provided it to you. If your research leads to a publication, you must acknowledge the bank by indicating this: ***Banking was done in collaboration with the Réseau de Recherche sur le cancer (Fonds de la Recherche du Québec - Santé) that is affiliated with the Canadian Tumor Repository Network (CTRNet)***. Please note that recognition specifying other organizations may also be requested by your bank of interest. We therefore encourage you to consult with the bank's staff prior to publication.

If you have any questions or comments, please email the Coordinator of RRCancer at [veronique.ouellet.chum@ssss.gouv.qc.ca](mailto:veronique.ouellet.chum@ssss.gouv.qc.ca).



### Checklist

- Completed and signed form
- Detailed description of the study if it has not been peer reviewed
- Copy of your ethic review board approval for your project

Section 1		APPLICANT'S INFORMATION	
Principal investigator (PI)	Name		
	Complete address		
	Email		
	Phone		
Co-Investigators	Name	Name	
	Name	Name	
	Name	Name	
Personne ressource	Nom		
	Courriel		
	Téléphone		

Section 2		SHIPPING INFORMATION	
Pick up in person : no shipping needed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shipping	Transporter		
	Transporter account number		
Shipping Address		Same as Principal Investigator	
Address different from Principal Investigator	Name		
	Complete address		
	Email		
	Phone		





Section 5	SCIENTIFIC REVIEW AND ETHICAL APPROVAL	
A) Peer Review		
<input type="checkbox"/> The project is approved		
Organization / Company		
The number of the grant		
Total amount		
Funding period		
<input type="checkbox"/> Peer-reviewed project (attach a more detailed description of the project)		
<input type="checkbox"/> Pilot Project / Other (attach a more detailed description of the project)		
B) Approval by the Ethics Committee		
<input type="checkbox"/> Approval received (please send a copy)	Project number	
<input type="checkbox"/> Project under revision (copy to be forwarded when available)	Project number	

Section 6	DETAILS ON THE TARGET COHORT	
Cohort type:	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective
Number of specimens requested and justification		
Criteria for inclusion		
Criteria for exclusion		

Section 7	MATERIAL REQUESTED Complete the appropriate sub-section (A-E)
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A) Tissue				
Preservation type	<input type="checkbox"/> OCT	<input type="checkbox"/> Formalin fixed paraffin embedded tissue (FFPE)		
Format	<input type="checkbox"/> Core	Number per sample	Size	mm
	<input type="checkbox"/> Section	Number per sample	Thickness	um
Specific processing specification (ex. adjacent coloration, specific type of slide, etc.)				
Other comments / requests				



B) TISSUE MICROARRAY		
Number of sections	Thickness	um
Specific processing specification (ex. adjacent coloration, specific type of slide, etc.)		
Other comments		

C) BODY FLUIDS AND THEIR DERIVATIVES			
<input type="checkbox"/>	Plasma (blood)	Volume per sample	ul
<input type="checkbox"/>	Serum (blood)	Volume per sample	ul
<input type="checkbox"/>	DNA (blood)	Quantity per sample	ug Minimal quality
<input type="checkbox"/>	Ascites	Volume per sample	ul
<input type="checkbox"/>	DNA (Ascite)	Quantity per sample	ug Minimal quality
<input type="checkbox"/>	Other		
Comments			

D) TUMOR TISSUES AND THEIR DERIVATIVES			
Live cultured cells		<input type="checkbox"/> Flask	<input type="checkbox"/> Frozen tube
Tissue	<input type="checkbox"/> Frozen (-80C)	<input type="checkbox"/> OCT	<input type="checkbox"/> Flash Frozen <input type="checkbox"/> No specification
<input type="checkbox"/>	DNA from cultured cells	Quantity per sample	ug Minimal Quality (Ratio)
<input type="checkbox"/>	DNA from frozen tissue	Quantity per sample	ug Minimal Quality (Ration)
<input type="checkbox"/>	RNA from cultured cells	Quantity per sample	ug Minimal Quality (RIN)
<input type="checkbox"/>	RNA from frozen tissue	Quantity per sample	ug Minimal Quality (RIN)
<input type="checkbox"/>	Other		
Comments			



E) Clinical Data
<input type="checkbox"/> Histopathology only
<input type="checkbox"/> Clinico-pathological data used for survival analyses
Other specifications

Section 8	SECURITY AND CONFIDENTIALITY
A) Proposed physical measures for sample security (ex: cupboard or refrigerator locked?)	
B) Proposed electronic measures for clinical data safety: (ex: Are computers protected by passwords? Who has access? Are they under a deontology code or did they sign a confidentiality agreement?)	
C) Will outsourced personnel carry out tissue and/or data treatment and analysis? If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No	

Material and Data Request Form



Section 9	ATTESTATION BY THE APPLICANT
<input type="checkbox"/> I confirm that all the information provided in this request, as well as any other information that I may subsequently provide, is true to the best of my knowledge.	
<input type="checkbox"/> I have read the Material Transfer Agreement and agree to sign this form before the requested material is forwarded to me.	
<input type="checkbox"/> I am committed to acknowledging the bank in future publications by using the following sentence: <b>Banking was done in collaboration with the Réseau de Recherche sur le cancer (Fonds de la Recherche du QuébecSanté) that is affiliated with the Canadian Tumor Repository Network (CTRNet).</b>	
<input type="checkbox"/> I acknowledge that I have read and understood this document in its entirety and will abide by the terms and conditions.	
Other specifications	

Name

Date

Signature

Checklist

- Form duly completed and signed
- Detailed description of the study if not peer-reviewed
- Copy of research ethics board approval for the project

Please send the complete application to the RRCancer Coordinator:  
 veronique.ouellet.chum@ssss.gouv.qc.ca.