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APPLICATION FOR BIOSAMPLE ACCESS

# Purpose

Please submit this Application for Biosample Access if you meet both of the following criteria:

* You are an investigator with funding and resources in place for a defined study, and
* You are ready to request specimens from the TSC Biosample Repository.

If you do not yet have funding and require a letter documenting the availability of specimens to include with your funding application, **do not submit this form**. Instead, please write a one-page Letter of Intent describing your research project, the need for biosamples from the repository, and the potential impact of your project on the TSC community. We encourage investigators who are applying for funding to correspond with TSC Alliance staff as early as possible to determine whether the TSC Biosample Repository has the specimens they need.

# Process

Applications are accepted on a rolling basis. After an administrative review by TSC Alliance staff, the Natural History Database and Biosample Repository Steering Committee will review the application in accordance with the review criteria within 4 weeks. If a quorum (majority) of the committee approves, the TSC Alliance will send a Material Transfer Agreement to the investigator. The Biorepository personnel at the Van Andel Institute will work with the investigator to arrange shipment of samples.

When complete, please submit this application **along with the following attachments** to

**[biosample@tscalliance.org](mailto:biosample@tscalliance.org.)**[.](mailto:biosample@tscalliance.org.)

# Attachments

* Investigator CV or NIH-style Biosketch
* IRB Approval (or exemption) letter

Attach a copy of your Institutional Review Board (IRB) approval letter for this project. Please ensure the letter includes the project title. If your project has been determined to be exempt, please attach a letter from an appropriate official (IRB chair, department chair, etc.) other than the PI stating your proposed use of human samples is authorized and universal precautions will be observed during handling.

Please ensure that your IRB approval or exemption will allow you to use biosamples and natural history data collected for the TSC Biosample Repository and TSC Natural History Database projects. If you have any questions about your IRB approval, please contact [**biosample@tscalliance.org**.](mailto:biosample@tscalliance.org.)

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# Data Sharing Statement

Along with the biosamples, you will be entitled to receive any data generated by other investigators using these samples. **In return, you are required to share data generated on each sample with the TSC Biosample Repository.** Data can be embargoed for a period to be defined in the Material Transfer Agreement to provide time to publish, protect intellectual property, etc. You can describe your data sharing plan in the application below.

**Please check here to acknowledge that you have read and understand the data sharing statement.**

**Application Form**

**Principal Investigator Information**

|  |  |  |
| --- | --- | --- |
| First Name: | Middle Name: | Last Name: |
| Salutation: | Degree(s): | Title: |
| Phone: | Alt. Phone: | Fax: |
| Email: | CC Email: |  |

**Mailing Address**

|  |  |  |
| --- | --- | --- |
| Institution: | Department: |  |
| Address Line 1: | Address Line 2: |  |
| City: | State: | Zip: |
| Country: | Institution’s Federal Congressional District: | |
| Funding source(s) to support the proposed work, including specific award numbers: | | |

**Date of Request:**

**PI Demographics (*Optional*)**

This information is optional but is vital to track the TSC Alliance’s progress toward improving the equity, diversity, and inclusion of our research programs. The information will not be disclosed or disseminated to anyone outside of the Steering Committee and the TSC Alliance. The information will not be used to decide whether a specific application is approved or not.

Gender

Male Female Prefer not to disclose Prefer to self-describe: Click or tap here to enter text.

Race

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian Prefer not to disclose

Prefer to self-describe: Click or tap here to enter text.

Ethnicity

Hispanic or Latinx Not Hispanic or Latinx Prefer not to disclose

Prefer to self-describe: Click or tap here to enter text.

**Shipping Information**

Lab contact/Recipient:

Check if the same as PI Information

|  |  |  |
| --- | --- | --- |
| First Name: | Middle Name: | Last Name: |
| Salutation: | Degree(s): | Title: |
| Phone: | Alt. Phone: | Fax: |
| Email: | CC Email: |  |

**Shipping Address**

Check if the same as PI Information

|  |  |  |
| --- | --- | --- |
| Institution: | Department: |  |
| Address Line 1: | Address Line 2: |  |
| City: | State: | Zip: |
| Country: |  |  |

**Study Information**

Study Title:

Specific Aims:

Long-term study objectives (please include potential impact to TSC community):

Overall Project Summary (please include experimental design and methods):

Justification for Numbers:

*Example: volume or quantity of samples requested. Please include statistical power analysis, if applicable.*

How soon will you use the samples once received?:

Data Sharing - Please describe the specific data elements that will be provided back to the TSC Biosample Repository for each sample analyzed:

Data Sharing – Please describe any other ways you plan to share the data, results, and resources that are generated:

**Sample Request Information: Donor** **Details**

Donor Demographics

Biological Sex:  Male  Female  Either

Race:  Any

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White or Caucasian  Multi-racial

Age Range:

Minimum: Maximum:

Donor Clinical History (please list any inclusion and exclusion requirements):

Total Number of Donors Requested:

**Sample Preparation Details**

Blood Prep Type

Plasma Volume: mL µL

White Blood Cell Pellets Number of cells per sample: Click or tap here to enter text.

Other (please explain):

Nucleic Acid (*please specify source*)

DNA from **Blood**  DNA from **Buccal Swabs**  DNA from **Tissue**

Minimum quantity: Maximum quantity:

Minimum concentration: Maximum concentration:

Minimum volume: mL µL

Tissue (*select all that apply; please specify tissue origin in ‘Other Preparation Details’ below*)

Frozen

FFPE

Tissue Curls Thickness: # of curls:

Glass Slides # of unstained slides: # H&E stained slides:

**Other Preparation Details**

Please describe, including specifics as appropriate:

Any other considerations we should be aware of?

**Natural History Database (NHD) Data**

Will your project also use data stored in the NHD?

YES

NO

If YES, please fill out the **NHD DATA REQUEST FORM** along with this **APPLICATION FOR BIOSAMPLE ACCESS.**