



**CONTACT INFORMATION**

|                                   | APCaRI PRINCIPAL INVESTIGATOR                                | APCaRI PI REPRESENTATIVE   | EXTERNAL PRINCIPAL INVESTIGATOR (for collaborative projects) |
|-----------------------------------|--|--|--|
| Name                              | John D Lewis   | Catalina Vasquez   |  |
| Job Title                         | Frank and Carla Sojonky Chair in Prostate Cancer Research    | APCaRI Director  |  |
| Institution                       | U of Alberta   | U of Alberta   |  |
| Email Address                     | <a href="mailto:Jdlewis@ualberta.ca">Jdlewis@ualberta.ca</a> | <a href="mailto:Catalina.vasquez@ualberta.ca">Catalina.vasquez@ualberta.ca</a> |  |
| Phone Number                      | 780-492-6113   | 780-248-1963   |  |
| Other Collaborating Investigators |  |  |  |

**SAMPLE/DATA REQUEST INFORMATION**

|   |  |        |                |  |                      |  |
|---|--|--------|----------------|--|----------------------|--|
| 1 | Date of request                            |        |                |  |                      |  |
| 2 | Study title                                |        |                |  |                      |  |
| 3 | Scientific Abstract                        |        |                |  |                      |  |
|   | Hypothesis and Aims                        |        |                |  |                      |  |
|   | What you plan to do with the specimens     |        |                |  |                      |  |
|   | Statistical analysis                       |        |                |  |                      |  |
| 4 | Sample size and <u>brief</u> justification |        |                |  |                      |  |
| 5 | REB Approval Received (where applicable)   | Yes/No | Approval Date: |  | Current Expiry Date: |  |

If you have existing REB approval that does not specifically declare usage of specimens from the Alberta Prostate Cancer Registry and Biorepository, please notify your REB that you will (also) be using specimens from the Alberta Prostate Cancer Registry and Biorepository, the (additional) specimen types you will be assessing and the number of specimens. Please provide a copy of this email notification to APCaRI. **Please attach a copy of your research protocol along with any amendments and the ethics approval (s) to this application.**

|   |  |        |   |  |
|---|--|--------|---|--|
| 6 | Has funding been obtained to carry out this study? | Yes/No | If yes, what budget has been set aside for Biorepository cost recovery? |  |
|---|--|--------|---|--|

All study budgets (as submitted for grant or other funding applications) should include a line item for APCaRI Alberta Prostate Registry and Biorepository Specimen cost recovery. Such cost recovery assists APCaRI Alberta Prostate Cancer Registry and Biorepository with ongoing collection and storage efforts. When possible, contact the APCaRI Director for current cost recovery estimates before submission of a grant application. The person completing this form will receive an invoice after specimens have been released.

|   |   |        |  |  |             |  |
|---|---|--------|--|--|-------------|--|
| 7 | Will any part of the planned research be performed outside of the U of Alberta? | Yes/No | If Yes, has an MTA been executed or initiated? |  | MTA Ref No. |  |
|   | Address (es) of lab(s) performing planned research:                             |        |  |  |             |  |
|   | Name and phone number of the person(s) who will perform planned research:       |        |  |  |             |  |

*A materials transfer agreement will be negotiated for any external collaborations. This will be initiated by APCaRI/U of Alberta during the approval process.*

|   |   |  |                    |  |
|---|---|--|--------------------|--|
| 8 | Do you intend to use the specimens for commercial purposes? |  | If Yes, elaborate: |  |
|   | Do you intend to use the specimens for genetic research?    |  | If Yes, elaborate: |  |

|    |   |   |            |                                  |  |                |
|----|---|---|------------|----------------------------------|--|----------------|
| 9  | Specimens Requested:  | <i>Complete a new line for each "sample" or "case" type required. If follow-up clinical state specimens from the same participants or case type will be required, include the details on a new line and indicate the date you wish to receive them. If your assay requires specimens that have only undergone one freeze-thaw, are of a particular age, were collected at a particular time of day, were processed within a specific window of time following collection, etc., please indicate this in the "Other Requests" field.</i> |            |                                  |  |                |
|    | Case type<br><i>(basic description of desired patient population)</i> | Sample type<br><i>(plasma, serum, buffy coat, red blood cells, urine, semen)</i>  | # of cases | Total amount/case<br><i>(uL)</i> | Desired date of receipt<br><i>(yyyy/mm/dd)</i> | Other Requests |
|    |   |   |            |                                  |  |                |
|    |   |   |            |                                  |  |                |
|    |   |   |            |                                  |  |                |
|    |   |   |            |                                  |  |                |
|    |   |   |            |                                  |  |                |
| 10 | Clinical/Demographic Information Desired                              | <i>Complete a new line for each "case type". All clinical or demographic information requested for study purposes must be approved by the REB.</i>  |            |                                  |  |                |
|    | Case type   | Desired Data Fields   |            |                                  |  |                |
|    |   |   |            |                                  |  |                |

***APCaRI Alberta Prostate Cancer Registry and Biorepository Comments:***

1)

**APCaRI Alberta Prostate Registry and Biorepository Specimen Request**

**APCaRI AND EXTERNAL INVESTIGATOR AGREEMENTS**

By signing below, I understand and agree to adhere to the contents of the "APCaRI Data and Sample Request Process" and I understand that a breach of any of the below statements may impact future ability to obtain samples from the APCaRI Alberta Prostate Cancer Registry and Biorepository. I understand and hereby confirm that that:

- 1) Specimens will not be released if REB approval is not obtained and maintained for the proposed research study.
- 2) I am using the requested specimens solely for the purpose of the study listed in this application and I will not use/distribute/amplify them unless both APCaRI and applicable REB approve the specific purpose. I will make use of the specimens provided for this research study in a timely manner and I will not create a "mini-bank" using the acquired specimens.
- 3) I have not requested a greater number or volume of specimens than required to achieve the sole purpose of this research study. Any excess specimen will be returned to the Alberta Prostate Cancer Registry and Biorepository promptly following completion of the study. The specimens will be kept at an appropriate temperature (at a minimum -80°C, except for DNA), and the "Alberta Prostate Cancer Registry and Biorepository return form" will be completed in full and provided at the time of specimen return. If there is no specimen available to return upon completion of the study, I will indicate so on the form and provide this to the APCaRI Director.
- 4) The specimens will not be used for commercial purposes and will not be sold or shared with a third party without prior written permission of the Alberta Prostate Cancer Registry and Biorepository.
- 5) If specimens are to leave your institution/laboratory for any reason prior to or during the proposed research study, I will notify the Alberta Prostate Cancer Registry and Biorepository of such requirements and obtain an executed Materials Transfer Agreement prior to any such transport.
- 6) All specimens will be treated as potentially infectious and all personnel handling specimens will be properly trained.
- 7) Publications resulting from the use of these specimens will acknowledge the APCaRI Alberta Prostate Cancer Registry and Biorepository. I will also provide the APCaRI Director with a copy of any such publications prior to submission for review.
- 8) All data created/obtained during the proposed study of these specimens will be provided to the Alberta Prostate Cancer Registry and Biorepository within 12 months of completion of the study. This data will be stored with the Alberta Prostate Cancer Registry and Biorepository to enhance the utility of future specimens. If you cannot share data within the 12 month window due to IP provisions, this must be communicated to the Alberta Prostate Cancer Registry and Biorepository as soon as possible.

\_\_\_\_\_  
PI Name (please print)

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

**APCaRI Alberta Prostate Cancer Registry and Biorepository Specimen Request**

**APPROVAL/SIGNATURE PAGE**

I have reviewed the attached proposal and agree that the outlined use of APCaRI Alberta Prostate Cancer Registry and Biorepository specimens for the study titled: **study title**, represents appropriate use of the specimens:

|   |   |             |       |
|---|---|-------------|-------|
| 1 | Bryan Donnelly<br>Signature:                | Print Name: | Date: |
| 2 | Adrian Fairey<br>Signature:                 | Print Name: | Date: |
| 3 | John D Lewis<br>Signature:                  | Print Name: | Date: |
| 4 | Biostatistician/Methodologist<br>Signature: | Print Name: | Date: |
| 5 | Other<br>Signature:                         | Print Name: | Date: |
| 6 | APCaRI Director<br>Signature:               | Print Name: | Date: |