National Children’s Study Vanguard Specimen and Data Request Form

*\* = Required Field*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request Identifier | | | | | | | | | | | | | |
| \*Project Name: | | *Create a nickname for your reference.* | | | | | | | | | | | |
| Requesting Investigator Information | | | | | | | | | | | | | |
| \*Name: |  | | \*Address: | | | | | |  | | | | |
| Title: |  | |
| \*Institution: |  | |
| \*Email: |  | | \*Phone: | | | | | |  | | | | |
| Department: |  | | Fax: | | | | | |  | | | | |
| Website: |  | |  | | | | | |  | | | | |
| Recipient Information | | | | | | | | | | | | | |
| \*Institution type: | | | | | | | * Non-Profit Organization * Commercial Organization * Academic | | | | | | |
| Number of years in scientific research: | | | | | | | * 0-5 * 5-10 * 10+   *Approximately how many years has the lead investigator been involved in scientific research?* | | | | | | |
| \*Is funding currently available for this research? | | | | | | | * Yes * No | | | | | | |
| If yes, please upload of documentation of primary funding: | | | | | | | *If funding is not yet available, please indicate anticipated primary funding source.*  --------- | | | | | | |
|  | | | | | | |  | | | | | | |
| Upload Documents: | | | | | | |  | | | | | | |
| Specimen Shipping Information | | | | | | | | | | | | | |
| \*Will the results be used for a commercial purpose? | | | | | * Yes * No - the results will not be used for a commercial purpose.   Applicant must agree to use the Human Material for teaching and non-profit research purposes only and will not use the Human Material for any commercial purposes, including selling, commercial screening, or transferring Human Material to a third party for commercial purposes. | | | | | | | | |
| Fedex Acct. #: | | | | |  | Shipping address: | | | | | | *Note: All specimens will be shipped to the above address. Specimens cannot be shipped to a post office box.* | | | | |
| Shipping PO #: | | | | |  |
| Lab Contact Email: | | | | |  |
| Lab Contact Name: | | | | |  |  | | | | | |  | | | | |
| Lab Contact Phone Number: | | | | |  |  | | | | | |  | | | | |
| Request Details | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| \*Number of Specimens: | | | | *Approximate count of specimens required for your study.* | | | | | | \*Material type: | | |  | | |
| \*Minimum volume (or mass if requesting DNA): | | | | *Please include units.* | | | | | |  |  | | | |
| \*Optimum volume (or mass if requesting DNA): | | | | *Please include units.* | | | | | |  |  | | | |
| Specimen requirements: | | | | *Describe any additional requirements pertaining to the biospecimens themselves, such as anticoagulant used, additives, preservatives, etc.* | | | | | | | | | |
| Subject characteristics: | | | | *Describe the characteristics of the subjects to be searched for available specimens. Criteria might include gender, age, disease status, genotype, etc. Be as specific as possible.* | | | | | | | | | |
| \*Research Plan: Describe this request, including a summary of the rationale, main hypothesis and proposed research aims: | | | | *A brief overview of your research needs.* | | | | | | | | | |
|  | | | |  | | | |  | | |  | | | |
| Scientific background and rationale: | | | | *Provide the research protocol background, objectives and hypothesis.* | | | | | | | | | |
| Approved Users name and email: | | | | 1.  2.  3.  4. | | | | | | | | | |
| \*Analyte(s) or parameter(s) to be tested: | | | | *Describe the assay(s) to be performed and include any test volume requirements.* | | | | | | | | | |
| \*Type of assay(s)/ platform(s) to be used: | | | | *Describe the assay kit(s)/platform(s) to be used, if applicable.* | | | | | | | | | |
| \*Rationale for number of biospecimens requested, including power calculations, and describe the use of covariates, if applicable: | | | | *Also describe your intended use of covariates from study datasets, if applicable.* | | | | | | | | | |
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| \*Information Security: Please check the information security practices to be used: | | | | * Institute supported, controlled access server * Institute supported, password protected desktop computer * Encrypted, password protected laptop computer * Encrypted portable media (encrypted external hard drive, encrypted thumb drive) * Unencrypted portable media backup (CD, DVD, thumb drive) stored in locked file cabinet   *Study data must be maintained in a secure and controlled environment*  Upload for Institutional sign off or cover letter approving research | | | | | | | | | |
| Comments: | | | |  | | | | | | | | | |