

BSRR Feasibility Assessment Form

Request Number: _____ (to be completed by BSRR staff)

Date Submitted: _____

Investigator Name: _____

Institution/Department: _____

Contact Information: _____

Collaborators (list all study collaborators and, for those not at MD Anderson, their home institution where the collaborator has his/her primary academic appointment):

Project Title: _____

Please provide a brief description of the research to be conducted. Include a justification for the number and volume of biospecimens requested (2 – 5 paragraphs; attach a separate page).

Attach protocol, if available.

Please note that an IRB-approved protocol is required before any samples may be released.

Patient Characteristics:

Describe population of interest and indicate number of study subjects needed by disease site, gender, age, race/ethnicity, etc. and identify any exclusion criteria:

Biospecimens Requested:

Biospecimen Type	Quantity	Per Unit Amount
DNA		
Plasma		

Additional Comments:

Additional Information:

1. Data will be returned to the Center for Translational and Public Health Genomics so that they may be used to facilitate institution-wide collaborations and for research into clinical outcomes. Complete confidentiality of data is guaranteed until the date of publication or award of a patent.
2. All publications must appropriately acknowledge the Center for Translational and Public Health Genomics and its various funding sources as appropriate. Contact staff person for assistance with acknowledgement wording.
3. All samples are de-identified.
4. An MTA is required if samples are leaving MD Anderson.
5. The following fee schedule applies to samples received from the BSRR biorepository:

Service	MD Anderson Price
DNA (extracted) from blood	\$28
Plasma per aliquot	\$50

Prices are subject to change.