

**TexGen Biospecimen Feasibility Assessment Form**

**Request Number:** \_\_\_\_\_ (to be completed by TexGen 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:*

\_\_\_\_\_  
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**Biospecimens Requested:**

Biospecimen Type	Quantity	Per Unit Amount
DNA		
Plasma		
Buffy Coat		

**Additional Comments:**

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**Additional Information:**

1. Researchers using samples from the TexGen biorepository must reference MD Anderson protocols LAB01-526 and LAB10-0434 as a source of their samples in their IRB protocol.
2. All samples are de-identified.
3. An MTA is required if samples are leaving MD Anderson.
4. The following fee schedule applies to samples received from the TexGen biorepository:

<b>Service</b>	<b>MD Anderson Price</b>
DNA (extracted) from blood	\$28
Plasma per aliquot	\$50
Buffy Coat per aliquot	\$50

*Prices are subject to change.*