

The James



Project Implementation Application Form
BSSR.ADM-011 Attachment A

OSUCCC Biospecimen Services Shared Resource (BSSR) Biorepository

Project Implementation Application

Instructions

1. In order to access services provided by the Biospecimen Services Shared Resource Biorepository, a completed application, research plan or protocol, and proof of IRB approval for the research project must be provided to the BSSR Biorepository Manager.
2. Upon approval of the application, the billing information must be completed.

Project Title: _____

Principal Investigator Information:

Name: _____

Department: _____

Phone: _____

Email: _____

Primary Contact Person:

Name: _____

Campus Address: _____

Phone: _____

Email: _____

IRB Information:

IRB Protocol Number: _____

IRB Protocol Title: _____

IRB Protocol Expiration Date: _____

Research Proposal and Specimen Processing Instructions:

Project Start Date: _____

Project Completion Date: _____

Expected Enrollment: _____

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Please provide or attach a short description of the study and explanation for why the number and type of sample are needed. Proof of IRB approval of this research is required.

Please indicate the type(s) of specimens to be submitted to the BSSR Biorepository and the processing services you are requesting for each specimen type.

	Specimen Type							
Processing service	Blood (Please indicate blood collection tube type)	Tissue: (Fresh Frozen FFPE)	Mouthwash	Saliva	Urine	Stool	Vaginal Swab	Other (Please indicate)
Buffy Coat								
DNA								
Lymphoblastoid cell line								
Plasma								
RNA								
Serum								
Other								



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Specimen Storage and Distribution Instructions:

Plan for distribution of specimens during the Study:

Storage Requirements for Specimens:

Plan for Specimens at the End of the Study:

I have read the Biospecimen Services Shared Resource Biorepository Project Implementation Policy and have agreed to the policy presented. I have retained a copy of this document for my records.

Principal Investigator signature Date

Cost Center	Fund	Grant	Project/Program

The following BSSR Biorepository personnel have reviewed and approved the Project Implementation Application and will discuss with Associate Director and Operations Director:

BSSR Biorepository Manager Date

BSSR Project Manager Date

BSSR Lab Manager Date