** **

**Biospecimen request form**

To be completed and sent to: tumorotheque@bordet.be

*For internal use only*

Request number:

Project title:

Applicant:

Institution:

E-mail: phone:

*Please attach an applicant CV copy*

Predicted starting date of project:

Planned project duration:

**Project information\***

Abstract (5-10 lines)

\*please attach a project copy to request form

Type of request (to fill):

Internal request:

* Project for the techniques development non-clinical data related.
* Academic project conducted by one or more internal investigator(s) at the Jules Bordet Institute.

External request :

 *National* level:

* Academic project in collaboration with Belgian academic research teams.
* Academic project conducted in collaboration with non-academic research teams
* Project of a commercial nature carried out in collaboration with non-academic research teams.

 *International*:

* Academic project in collaboration with academic research teams located outside Belgium.
* Project of an academic nature carried out in collaboration with non-academic research teams located outside Belgium
* Project of a commercial nature carried out in collaboration with non-academic research teams located outside Belgium

In case of consortium:

Numbers of partners:

Name: Institution:

Name: Institution:

Name: Institution:

The research project has been approved by a health research ethics committee:

 YES \*, please specify: Date:

 NO

Funding (estimation): amount for biospecimen

\* Please attach a copy of approval form

**Biospecimen request form description**

**Pathology:**

Biospecimen type:

***Tissue***

- Organ:

- Type: □ Snap Frozen Number of cuts to 10 µm:

 □ Paraffin Number of cuts to 10 µm:

- Associated normal tissue:

- Associated blood:

- Quality: primary/ metastasis

- Quantity:

- H&E slides:

***Blood***

* Whole blood:
* Plasma :

- stabilizing: EDTA / Streck

- Quantity:

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Available quantity:

**Patient:**

- Patient consent YES NO

- **Required clinical and historical data**

-Information about the patient (sex, age, etc.)

* Histological and diagnostic details (type, stage, grade)
* History (previous cancers, tobacco, risk factors)
* Family history of cancer
* Surgery (Procedure and date)
* Radiotherapy (intention, date of start, end, dose)
* Systemic therapy (intention, date of beginning, end, diet and type)
* Treatment toxicity
* Follow-up (progression/remission, disease-free period)
* Other:

- Date of request:

- Date of delivery:

- Others details:

*For internal use only:*

Date of the favourable advice delivered by the Ethics Committee:

Date of the favourable advice delivered by the Scientific Commission:

Date of favourable advice delivered by the Tumor bank Committee (if required):