



Submission Date: _____

Section I: Principal Investigator Information		
Principal Investigator (PI)	Degree(s)	Institution
Mailing/Shipping Address		Institution Type <input type="checkbox"/> Academic/Government <input type="checkbox"/> Nonprofit <input type="checkbox"/> Commercial
Billing Address (if different from mailing address)		FEDEX Account # If no account number is provided, shipping will be billed on invoice
PI Telephone#	PI Email	PI Fax#
Contact Person	Contact Telephone #	Contact Email

***Please attach CV or NIH biosketch for PI**

Section II: Project Information
Project Title:
Hypothesis:
Background and Preliminary Data:

Lung Cancer Biospecimen Resource Network (LCBRN)

Biospecimen Application Form

PI: _____

Specific Aims (List up to 3):

Protocol/Methods (*General description of assay methods, feasibility and validation of assays, and the specific value-added role that the requested samples will have in your research protocol*):

Source of Funding (*List funding agency, grant numbers and start/end dates*):

Research Team (*List below research team members, their role and qualifications for the project*):

IRB Approval Type	IRB Approval Number	IRB Approval Date(s)
<input type="checkbox"/> Full <input type="checkbox"/> Expedited <input type="checkbox"/> Pending		

* Please provide proof of IRB approval with your application

Lung Cancer Biospecimen Resource Network (LCBRN)

Biospecimen Application Form

PI: _____

Section VI: Sample Request Information

Donor Details

Age at surgery		Neo-adjuvant Treatment		Adjuvant Treatment		pStage		Histologic Grade			
Min:	Max:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Min:	Max:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Any

Total number of donors requested (Specify number of donors per biospecimen type if applicable):

Justification for number of donors requested (Statistical power analysis):

Tissue

- Malignant Lung Non-Neoplastic Lung Non-Neoplastic Bronchus Tumor/Non-Neoplastic Pairs
 Non-Neoplastic Lung from Non-Cancer Cases

Histologic Type:

- Any Squamous Cell Carcinoma Adenocarcinoma Small Cell Carcinoma Carcinoid
 Large Cell Undifferentiated Carcinoma Large Cell Neuroendocrine Carcinoma Non-Cancer (Control)

Other (Please specify): _____

Tissue Prep Detail:

FFPE Section # of sections per FFPE block: _____

Frozen Minimum weight of tissue (mg): _____

If both prep types are selected, please specify if only one or both preps are required. Provide brief rationale for amount of tissue requested (#sections/tissue weight):

Lung Cancer Biospecimen Resource Network (LCBRN)

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PI: _____

Fluids

- Serum - Are hemolyzed samples ok? _____
- Plasma - Are hemolyzed samples ok? _____
- Buffy Coat Cell Suspension from Blood (Specify DNA/RNA) _____
- Urine
- Saliva
- Bronchial Lavage Fluid
- Cell Pellet from Bronchial Lavage Fluid

Specify minimum volume of fluid(s) required (ml) and any fluid attributes required (i.e. pre-op, post-op, controls):

Additional Details

List any additional details of your specimen request not already captured by the information outlined above. (i.e. Any additional clinical data elements needed, donor restrictions, and request for path reports)