

HEMATOLOGY CELL BANK of BC

PYF – 507B BIOSPECIMEN REQUEST AND RELEASE FORM

Requestor: _____ Principal Investigator: _____

Requestor's Contact Info: Phone _____ ext. _____ Email _____

Project Title: _____

BCCA CREB #: _____ Date of BCCA CREB Approval: _____

REQUEST:

Amount: No. of Samples: _____ Peripheral Blood _____ Bone Marrow

No. of Cells per Sample: _____ x10⁶ cells

Diagnosis: ALL AML CLL CML MDS
 MM MPSN NHL Normal Other: _____

Special Conditions (if any): _____ Date Needed: _____

APPROVAL:

Working Group Review: Yes No

Working Group Designate Signature: _____ Date: _____

Above section must be completed in full before submitting to Stem Cell Assay

RELEASE: Cells released by: _____ Date: _____
 Cells pulled by: _____ Date: _____
 Inventory updated by: _____ Date: _____

| Specimen Date | Specimen Number | Patient HCB ID Number | Processing Information | No. of Vials | Cells/Vial (x 10 ⁶) | VP Location |
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STEM CELL ASSAY LABORATORY/HEMATOLOGY CELL BANK
TERRY FOX LABORATORY
LEUKEMIA/BMT PROGRAM OF BC
BC CANCER AGENCY/VANCOUVER GENERAL HOSPITAL

By signing below you acknowledge the following information and accept the following conditions:

Conditions of use: The Stem Cell Assay Laboratory processes and stores human biospecimens for the Hematology Cell Bank. These specimens may not be used for any diagnostic or clinical application. Specimens and related clinical data may not be sold or otherwise distributed to any person(s) other than designated laboratory personnel or collaborating researchers indicated on the research ethics board approval application. At the completion of a research project all unused material will not be returned to the Hematology Cell Bank. It is the researcher’s responsibility to notify the REB of the storage and/or destruction procedure for unused specimens.

Access to Specimens: Specimens can only be requested by Researchers who are listed as Principal Investigators on their REB approved application and have membership in a Hematology Working Group. Collaborating researchers listed as Co-Investigators on the REB approved application may request specimens through a participating member of a Hematology Working Group. The research projects (for which specimens are requested) must be linked to the Hematology Cell Bank on the REB approved application.

Specimens are released by the Stem Cell Assay Laboratory when a Hematology Working Group signature of approval is obtained.

VGH Hospital Approval: All Researchers must complete a *Confidentiality Undertaking for Research Projects* form and complete the *Request for Approval to Conduct Research at Vancouver Acute*, prior to obtaining specimens and/or specimen related clinical data. For access to related clinical data, refer to the Hematology Cell Bank of BC - *Guidelines for Access to Clinical Data*.

Disclaimer: Biospecimens provided by the Hematology Cell Bank of BC may contain infectious material, e.g. HIV or hepatitis. The use of “Universal Precautions” is mandatory. Researchers assume all responsibility for themselves and their personnel in the safe handling of specimens received by the Hematology Cell Bank of BC. The Hematology Cell Bank of BC is not responsible for any injury, illness or damage caused by the use of this material.

Biospecimens in the Hematology Cell Bank of BC are selected with great care and processed and stored in compliance with the Standard Operating Procedures of the Hematology Cell Bank of BC. However, the Hematology Cell Bank and its contributors accept no responsibility for the inadvertent release of specimens of poor quality.

Confidentiality: To ensure patient anonymity, all specimens are identified and labeled with a specimen and patient specific numerical identifier generated by the Stem Cell Assay Laboratory.

Reporting Requirements: The use of human biospecimens and related clinical data must be acknowledged in any public presentation or publication. The following statement must be quoted:

“The (insert type of biospecimen) and related clinical data used in this project was provided by the Hematology Cell Bank of British Columbia with Research Ethics Board Approval.”

I understand and agree to the conditions described above:

Name (please print)

Signature

Date

Stem Cell Assay Lab Use Only:

| | Tech | Date Updated |
|----------------|------|--------------|
| HCB Catalogue | | |
| SCA Lab | | |
| Copy to Chart | | |
| Original filed | | |