

Tissue Request Form



University of
Pittsburgh



P
PITTSBURGH
SARCOMA
RESEARCH
COLLABORATIVE

SaRC

Project Title

Investigator Contact Information

First Name _____

Last Name _____

Department _____

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

Primary Staff Contact Information

First Name _____

Last Name _____

Phone _____ Work Phone _____

Email _____

Secondary Staff Contact Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Project Description

❖ **Background:**

Please provide a few sentences to support the rationale for this project.

❖ **Aims:**

Briefly outline your aims of the project.

❖ **Methods:**

List methods to be used. Please briefly describe, if necessary.

Specimen Criteria

PLEASE INDICATE THE TYPE AND QUANTITY OF SPECIMENS YOU ARE INTERESTED IN.

CANCER SUBTYPE: _____

Primary Metastatic Recurrence

FRESH: Fresh Blood Fresh Tissue
_____ ml/cc _____ #pieces @ _____ cm³ each

Expected sample number (n) for completion of project: _____

ARCHIVED: Archived Sarcoma Research Tissue
Please indicate preferred preservation technique below:

Quantity/Details: _____

Archived Sarcoma Research Blood
Component: Plasma Sediment Buffy Coat
Please indicate preferred preservation technique below:

Quantity: _____ ml/cc

I understand that while every effort will be made to collect the specimens requested above, there is a possibility I may not receive the quantities as requested. Furthermore, I understand that additional specimens may not be available if needed later in my experiments.

I understand that requesting (non-sarcoma) archival specimens from the Pitt Biospecimen Core are my responsibility and that the Investigator and Primary Contact of this project will need to create a BioTracks account (<https://biotrack.upmc.edu/>), if not already existing.

Clinical Data

CANCER SUBTYPE AND LOCATION OF MASS IS PROVIDED WITH ALL TUMOR TISSUE SPECIMENS.

PLEASE INDICATE ANY ADDITIONAL CLINICAL DATA YOU ARE INTERESTED IN RECEIVING ABOUT THE PATIENT FROM WHICH YOUR SPECIMEN WAS DONATED.


- | | |
|--|---|
| <input type="checkbox"/> Broad treatment history | <input type="checkbox"/> Stage at time of _____ |
| <input type="checkbox"/> Date of initial diagnosis | <input type="checkbox"/> Duration of treatment(s) |
| <input type="checkbox"/> Last day of systemic therapy | <input type="checkbox"/> Patient outcome |
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Smoking history |
| <input type="checkbox"/> Specific medication/treatment, please explain _____ | |

Other, please list: _____

I understand that asking for additional clinical information may not be feasible due to limited availability of information or staff. In the case of the latter, I am prepared to task a member of my laboratory with clinical review.

I have an approved IRB protocol that allows me to conduct this work and it references that patients will be consented and tissue will be collected under the MOTR IRB protocol # STUDY20010034 .

Disclosures

I agree to upload data from this project into our shared  folder (<https://pitt.box.com>) at least every 4 months.

I understand that data from this project may be used for Shadyside Hospital progress reports.

Collaborating with your lab is very important to us!

We look forward to providing the specimens necessary to progress research within the area of Musculoskeletal Oncology. The Shadyside Hospital Foundation has financially supported the collection and banking of specimens from patients diagnosed with musculoskeletal malignancies. PSaRC's Clinical Research Specialist, Tanya Heim, and Surgical Orthopaedic Oncologist, Kurt Weiss, donate substantial effort to identify patients and procure specimens essential to your research. We ask that these contributions be considered upon your decision to collaborate with us.

I agree to acknowledge Shadyside Hospital Foundation in any publication that may result from this collaboration.

I agree to make Dr. Kurt Weiss a co-author in any publication that may result from this collaboration.

I agree to make Tanya Heim a co-author or acknowledge her efforts in any publication that may result from this collaboration.

▪ Will you consider including effort for the recognized personnel in your next grant?

Yes, please indicate intent below No

_____ % effort for Kurt Weiss

_____ % effort for Tanya Heim

A copy of the aims page and/or grant is attached.

Investigator's Signature: _____