Date: Click here to enter a date.

|  |  |
| --- | --- |
| **Section 1: Applicant Information** | |
|  |  |
| Institution name: |  |
|  |  |
| Biorepository name: |  |
|  |  |
| Contact name: |  |
|  |  |
| Contact address: |  |
|  |  |
| Contact phone: |  |
|  |  |
| Contact email: |  |

|  |  |
| --- | --- |
| **Section 2: Available specimen types** | |
| Please identify the types of specimens stored at your Biorepository. Please select all that apply. | |
|  | Human Biospecimens for General Use (several biospecimen types for undefined future research use) |
|  | Human Biospecimens for Specific Use (e.g., breast cancer, head and neck cancer, cardiovascular disease, respiratory disease, genetics, epidemiology, etc.) |
|  | Human Cell Lines, please list types |
|  | Patient-Derived Xenograft (PDX) models, please list types: |
|  | Other, please define: |

|  |  |
| --- | --- |
| **Section 3: Biorepository details and interests** | |
|  |  |
| Approximate total number of biospecimens available for distribution: |  |
|  |  |
| Approximate number of cases (individual participants) with biospecimens: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*\* Specimen Details:**  If additional space is needed, please continue in space available for next question. | | | | | | | | |  |  |  |
| **\*\* Biospecimen Type**  (Species, Tissue Type, Diseased/Normal, Cell line name) | | **Frozen Tissue** | **FFPE** | **Whole Blood** | **Serum** | **Plasma** | **Urine** | **Saliva** | **DNA** | **RNA** | **Other\*** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |  |  |  |
| **\*** If “other” checked above, please specify. Also, please add any other information that may be relevant or of interest regarding your stored biospecimens. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| What fields are of particular interest to you (or other PIs at your institution that will be active in GLBRN)? This may be, but is not limited to, biospecimen types or areas of research that may present opportunities for collaboration within the Great Lakes Biorepository Research Network. | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |
| --- |
| **Section 4: Biorepository qualifications** |
|  |
| Please summarize your quality management system, including types of SOPs included, management review of policies and procedures, sample validation and tracking processes, methods for handling deviations from procedures and corrective action planning. Please also include any key performance indicators that are monitored. If applicable, Certifications of accreditation can be provided in lieu of this description. |
|  |
|  |
| Please describe yourself and your interest in GLBRN. |
|  |
|  |
| Please provide services you may be willing to offer to the network, e.g. DNA extraction, genotyping, proteomics, identity management, etc. |
|  |

Please submit the completed application via email to [greatlakesbrn@gmail.com](mailto:greatlakesbrn@gmail.com). After submitting an application, someone from the GLBRN will be in touch regarding the next steps. If you have any questions, please contact us at [greatlakesbrn@gmail.com](mailto:greatlakesbrn@gmail.com).