

Date Submitted: _____

Title *(must include the clinical trial number[s] from which biospecimens are being requested):*

INVESTIGATOR INFORMATION

Principal Investigator: _____

Institution: _____

Position/Department: _____

Mailing Address: _____

Email: _____

Phone: _____

BIOSPECIMENS REQUESTED

1. **Disease Site** *(check all that apply)*

☐ Breast, specify: _____ ☐ Lung, specify: _____

☐ GI, specify: _____ ☐ Melanoma, specify: _____

☐ GU, specify: _____ ☐ Brain, specify: _____

☐ GYN, specify: _____ ☐ Sarcoma, specify: _____

☐ Head&Neck, specify: _____ ☐ Other, specify: _____

2. **Disease Characteristics** *(if applicable – e.g., HER2+ breast cancer, squamous cell lung cancer, etc.):*

3. **Disease Stage** *(e.g., I, II, III, IV, any):* _____

4. **Biospecimen Requirements** *(check all that apply)*

4.1 TISSUE

4.1.1 Tissue Type

- ☐ Metastatic Tumor ☐ Primary Tumor
- ☐ Normal Tissue ☐ Recurrent Tumor
- ☐ Persistent Tumor ☐ Other Tissue Type, specify: _____
- ☐ Pre-Malignant

4.1.2 Formalin-Fixed, Paraffin-Embedded Tissue (*specify quantity – e.g., ten 5µm slides, two 2mm cores, one 20 µm curl*)

- ☐ Core (Punch); quantity: _____ ☐ Unstained Slides (Charged); quantity: _____
- ☐ Curl (Scroll) ; quantity: _____ ☐ Unstained Slides (Uncharged); quantity: _____
- ☐ Stained Slides; specify stain: _____ ☐ Unstained TMA Slides; quantity: _____

4.1.3 Frozen Tissue (*specify quantity – e.g., 0.2g, ten 5µm slides*)

- ☐ Snap-Frozen; quantity: _____ ☐ OCT-Embedded; quantity: _____

4.1.4 Other Tissue Preparation

- ☐ Other Preparation, specify: _____; quantity: _____

4.2 BLOOD / BLOOD PRODUCTS (*specify quantity – e.g., 500µL, 1x10⁶ cells*)

- ☐ Serum; quantity: _____ ☐ Plasma; quantity: _____
- ☐ Whole blood; quantity: _____ ☐ Buffy Coats; quantity: _____
- ☐ Peripheral Blood Mononuclear Cells (PBMCs); quantity: _____

4.3 BODY FLUIDS / OTHER BIOSPECIMENS (*specify quantity – e.g., 500µL, 5g*)

- ☐ Bone Marrow; quantity: _____ ☐ Saliva; quantity: _____
- ☐ Peritoneal Fluid; quantity: _____ ☐ Urine; quantity: _____
- ☐ Peritoneal Wash; quantity: _____ ☐ Stool; quantity: _____
- ☐ Other Body Fluid/Biospecimen, specify: _____; quantity: _____

4.4 NUCLEIC ACIDS (*specify quantity – e.g., 50ng*)

4.4.1 Extracted from FFPE Tumor

☐ DNA; quantity: _____ ☐ RNA; quantity: _____

4.4.2 Extracted from Frozen Tumor

☐ DNA; quantity: _____ ☐ RNA; quantity: _____

4.4.3 Extracted from Non-Malignant Tissue

☐ DNA; quantity: _____ ☐ RNA; quantity: _____

4.4.4 Extracted from Peripheral Whole Blood

☐ DNA; quantity: _____ ☐ RNA; quantity: _____

4.4.5 Other Source/Preparation

☐ Other, specify: _____; quantity: _____

5. Patient Population (*e.g., stage I, high grade, recurrent, tissues from patients treated with paclitaxel, paired primary/metastatic, etc.*):

6. Number of Cases Requested (*e.g., formal statistical justification is not required; however, a summary statement supporting the number of cases requested is required for review*):

7. Other Biospecimen Resources (*include a brief summary of any plans to pool the provided biospecimens with biospecimens from other studies, including studies from other NCTN Groups and/or NCI biospecimen resources*):

CLINICAL DATA REQUESTED / STATISTICAL CONSIDERATIONS

8. Clinical Data (*check all that apply*)

☐ Age ☐ Gender ☐ Race/Ethnicity ☐ Stage ☐ Grade

☐ Arm Assignment ☐ Response ☐ Overall Survival ☐ PFS/RFS

☐ Other, specify: _____

9. Statistical Analysis (*indicate the extent to which the NRG Oncology Statistical and Data Management Center [SDMC] will be involved in the analysis.*)

☐ **NRG SDMC – Full Collaboration**

NRG SDMC has lead responsibility for all statistical analysis even if there is an external collaborating statistician*. NRG SDMC will assist with proposal development, receive biomarker data, and assist with manuscript preparation.

☐ **NRG SDMC – Joint Collaboration**

External collaborating statistician* has lead responsibility for the analysis but there is a collaborating NRG SDMC statistician. NRG SDMC will assist with proposal development, answer study-related questions, and review analysis reports, abstracts, presentations, and manuscripts.

☐ **NRG SDMC – Limited Collaboration**

NRG SDMC will provide requested clinical data only. Proposal development, analysis, and manuscript preparation is to be done by external collaborating statistician*.

**The current CV and contact information for the external collaborating statistician must be provided with this LOI. Additionally, the external collaborating statistician must provide a brief description of the analytic plan.*

PROJECT SUMMARY

10. Hypothesis (*90 words or less*):

13. Background / Preliminary Data *(500 words or less):*

14. Specific Aims *(list no more than 3; total of 120 words or less):*

15. Planned Assays *(check all that apply)*

- | | |
|---|---|
| ☐ Comparative Genomic Hybridization (CGH) | ☐ Cytotoxic Assay |
| ☐ ELISA ☐ ELISPOT | ☐ Flow Cytometry |
| ☐ DNA <i>in situ</i> Hybridization (FISH) | ☐ Genotyping (SNP) Array |
| ☐ Gene Expression Microarray | ☐ Immunohistochemistry (IHC) |
| ☐ RNA <i>in situ</i> Hybridization | ☐ Ligand Binding Assay |
| ☐ Mass Spectrometry ☐ Microscopy/Imaging ☐ PCR ☐ RT-PCR | |
| ☐ Proliferation Assay ☐ Protein Activity Assay ☐ Sequencing-NGS Whole Genome | |
| ☐ Sequencing-NGS Whole Exome | ☐ Sequencing-NGS Targeted/Deep |
| ☐ Serum Extracellular Domain (ECD) Test | ☐ Western Blot (Immunoblot) |
| ☐ Other, specify: _____ | |

15.1 Assay Status *(if more than one assay will be used, include the status for each assay):*

☐ Assay within a clinical laboratory; specify assay(s) and laboratory(ies) to be used:

☐ New laboratory-based assay, published; specify assay(s) and laboratory(ies) to be used:

☐ New laboratory-based assay, not published; specify assay(s) and laboratory(ies) to be used:

☐ Laboratory-based assay within CLIA environment, published; specify assay(s) and laboratory(ies) to be used:

☐ Laboratory-based assay within CLIA environment, not published; specify assay(s) and laboratory(ies) to be used:

15.2 Assay Validation

15.2.1 Number of human specimens used for assay validation *(include number for each assay):*

15.2.2 The assay(s) has(have) been applied to the biospecimen type being requested.

☐ Yes, specify: _____ ☐ No, specify: _____

15.2.3 From which clinical trial(s), if applicable, has(have) biospecimens been used *(for a listing of trials, refer to www.clinicaltrials.gov):*

☐ Unknown

15.3 **Assay Publication(s)** *(if assay has been published, specify assay and include reference):*

16. Funding

16.1 Source

☐ Academic ☐ Industry ☐ Other, specify: _____

16.2 Status

☐ Extramural, non-NIH funding ☐ Funding proposal in development
☐ Funding proposal under review ☐ Institutional funding
☐ NIH funded ☐ Not funded

17. NCTN Group(s) with which you have a Membership Affiliation

☐ Alliance ☐ CCTG ☐ ECOG-ACRIN
☐ COG ☐ NRG Oncology ☐ SWOG

18. Additional Comments:

Address any questions and submit completed LOI to
BiospecimenAccess@NRGoncology.org