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| **Complete the below form and return to** **mmena@mcw.edu** |

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| GENERAL INFORMATION |
| Principal Investigator | TYPE NAME HERE |
| Department/Institution | TYPE HERE |
| Contact Person  | TYPE HERE |
| Email  | TYPE HERE |
|  Phone | TYPE HERE |

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| IRB INFORMATION |
| *If you do not have an IRB at this time, you may leave protocol number & IRB approval date blank. Please complete all other information.* |
| Project Title: | TYPE HERE  |
| IRB Pro Number(MCW Only) | TYPE HERE |
| IRB Approval Date: | CLICK OR TAP TO ENTER A DATE **OR** CHOOSE AN ITEM |
| Contact for IRB (If Different from Above) | TYPE NAME HERE |
| Email | TYPE HERE |
| Phone | TYPE HERE |
| Background | ENTER TEXT HERE |
| Hypothesis(es) | ENTER TEXT HERE |

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| CONTRACT INFORMATION |
| *Please answer the below questions.* |
| Are you requesting biospecimen? *(blood, tissue, etc.)* |
| CHOOSE AN ITEM |
| Are you requesting ONLY data? *(clinical data)* |
| CHOOSE AN ITEM |
| **FOR NON-MCW INVESTIGATORS ONLY** |
| Contact for Contracts:(If different from general info section) | TYPE NAME HERE |
| Email | TYPE HERE |
| Phone | TYPE HERE |

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| SHIPPING INFORMATION |
| Street Address | TYPE HERE |
| Department/Institution | TYPE HERE |
| Contact Person  | TYPE NAME HERE |
| Email  | TYPE HERE |
|  Phone | TYPE HERE |

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| BIOSPECIMEN INFORMATION |

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| **BLOOD PRODUCTS:** [ ]  **YES** or[ ]  **NO** |
| *If you are requesting Blood Products, check the box above; enter the number of samples you are requesting for each type in the table below. \*\*Serum 1mL Cryovials | Plasma 2mL Vials | | Ascites 2mL \*\** |
| **Product** | Diagnosis | Neoadjuvant | Pre-Op | Surgery | Post-op | Adjuvant | Surveillance | Progression | Any |
| **Serum** | # | # | # | # | # | # | # | # | # |
| **Plasma** | # | # | # | # | # | # | # | # | # |
| **PBMC** | # | # | # | # | # | # | # | # | # |
| **Ascites** | # | # | # | # | # | # | # | # | # |
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| **TISSUE PRODUCTS:** [ ]  **YES** or[ ]  **NO** |
| *If you are requesting Tissue Products, check the box above; enter the number of samples you are requesting for each type in the table below. If you would like Matched Normal tissue, check the box in the last column.* |
| **Product** | Tumor | Non-Tumor | Matched? |
| **Cryopreserved** | # | # |[ ]
| **H & E***(Digital Images)* | # | # |[ ]
| **Unstained Slide *(FFPE)*** | # | # |[ ]
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| **TYPE OF HISTOLOGY** |
| *Please review the below histology and* ***Check*** *all that apply* |
| **Pancreatic Histology**[ ]  Pancreatic Ductal Adenocarcinoma[ ]  Acinar Adenocarcinoma[ ]  Pancreatic Adenosquamous Carcinoma[ ]  Pancreatic Neuroendocrine Tumor[ ]  Serous Cystadenoma, Solid Pseudopapillary Neoplasm, Mucinous Cystadenoma, IPMN[ ]  Chronic Pancreatitis[ ]  High Risk for Pancreatic Cancer**Hepatic/Biliary Histology**[ ]  HCC[ ]  Hepatic Benign/ Adenoma[ ]  Hepatic Mets (colorectal, neuroendocrine, other)[ ]  Any Cholangiocarcinoma[ ]  Adenocarcinoma Gallbladder**GI Histology**[ ]  Ampullary Adenocarcinoma[ ]  Duodenal Adenocarcinoma[ ]  Ampullary Adenoma[ ]  Duodenal Adenocarcinoma[ ]  Small Bowel Carcinoid**Adrenal Histology**[ ]  Pheochromocytoma[ ]  Paraganglioma[ ]  Aldosterone Secreting[ ]  Cortisol Secreting[ ]  Adrenal Adenocarcinoma[ ]  Other Adrenal Tumor |

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| **DERIVATIVE SPECIMENS:** [ ]  **YES** or[ ]  **NO** |
| *If you are requesting expanded tissue specimens, check the YES box above; enter the number of samples you are requesting for each type of specimen in the table below.*  |
| **PRODUCT** | Cell Line | Organoids | Xenografts |
| **Cryopreserved** | # | # | # |
| **H & E***(Digital Images)* | # | # | # |
| **Unstained Slide *(FFPE)*** | # | N/A | # |
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| DATA REQUEST INFORMATION |

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| **DATA VARIABLES (Pancreas Specimens Only):** [ ]  **YES** or[ ]  **NO** |
| *If you are requesting any data, check the YES box above. Review all boxes below, only the variables with checked boxes will be provided.* |

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| Demographics | History | Imaging | Therapy |
| [ ]  Age[ ]  Gender[ ]  Race[ ]  Ethnicity[ ]  Zip Code *(at diagnosis)* | [ ]  Diabetes[ ]  Hypertension[ ]  CAD | [ ]  Tumor Size | [ ]  Neoadjuvant[ ]  Adjuvant |
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| Disease Status & Survival | Surgical & Surgical Pathology |
| [ ]  Disease Status (progression or not)[ ]  Overall Survival[ ]  Disease-free Survival[ ]  Dead or Alive[ ]  Sites of Progression |  | [ ]  Type of Operation[ ]  Modified Ryan Scheme for Tumor Regression Score[ ]  Greatest Tumor Diameter[ ]  Peri-Neural Invasion[ ]  Margin Status | [ ]  Total number of lymph nodes examined[ ]  Total number of positive lymph nodes[ ]  TNM Stage[ ]  Lympho-Vascular Invasion[ ]  Tumor Grade[ ]  Histology |
|  |
| Clinical Stage | Labs & Vitals |
| [ ]  Resectable[ ]  Borderline Resectable[ ]  Locally Advanced[ ]  Metastatic | [ ]  CA 19-9[ ]  *Diagnosis*[ ]  *Pre-Op*[ ]  *Post Op* | [ ]  CEA[ ]  *Diagnosis*[ ]  *Pre-Op*[ ]  *Post-Op* |
|  |  | [ ]  BMI *(diagnosis)* | [ ]  ECOG *(diagnosis)* |

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|  **SUBJECT SEPCIMEN INCLUSION & EXLUSION CRITERIA** |
| *Please review the below specimen criteria. Only the criteria with* ***checked boxes*** *will be used to limit the subject population.*  |

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| [ ]  Year of Diagnosis |
| Choose an item *patients* Choose an item *this* *date* Select date here AND Choose an item *this* *date* Select date here |

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| [ ]  Diagnosis is Pancreatic Adenocarcinoma *(check all boxes that apply)* |
| [ ]  **Unrestricted** OR [ ]  Choose an item *patients with NO neoadjuvant therapy** Between *this date* Select date here and *this* date Select date here
 |
| [ ]  Choose an item *patients with NO adjuvant therapy* Choose an item *this* *date* Select date here* Between *this* *date* Select date here and *this* date Select date here
 |
| [ ]  Choose an item *patients with NO surgery** Between *this* *date* Select date here and *this* date Select date here
 |
| [ ]  Choose an item *patients with a second option** Between *this* *date* Select date here and *this* date Select date here
 |
| [ ]  Choose an item *patients with surgery only** Between *this* *date* Select date here and *this* date Select date here
 |
| [ ]  Choose an item *if patients are a CA 19-9* Choose an item |
| [ ]  Choose an item o*nly patients with the following staging (check all that apply):* |
| [ ]  Resectable[ ]  Borderline Resectable[ ]  Locally Advanced[ ]  Metastatic |
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| [ ]  Other |
| Type in other inclusion or exclusion criteria here |

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| **Surgical Oncology Tissue Bank Contact Information** |
| **ROLE** | **NAME** | **PHONE** | **EMAIL** |
| Director | Dr. Susan Tsai | 414-955-7646 | stsai@mcw.edu |
| Data Analyst | Mohammed Aldakkak | 414-955-1442 | maldakkak@mcw.edu |
| Research Coordinator | Idayat Akinola | 414-955-1447 | iakinola@mcw.edu  |
| Contracts, IRB, General ?’s | Melissa Mena | 414-955-1835 | mmena@mcw.edu |
| Shipping | Jenny Grewal | 414-955-2829 | jgrewal@mcw.edu |