|  |
| --- |
| **Complete the below form and return to** [**mmena@mcw.edu**](mailto:mmena@mcw.edu) |

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

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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 |

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

|  |
| --- |
| BIOSPECIMEN INFORMATION |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | # | # | # | # | # | # | # | # | # |
|  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)*** | # | # |  |
|  | | | |

|  |
| --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | # |
|  | | | |
| DATA REQUEST INFORMATION | | | | |

|  |
| --- |
| **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.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Demographics | History | Imaging | Therapy |
| Age  Gender  Race  Ethnicity  Zip Code *(at diagnosis)* | Diabetes  Hypertension  CAD | Tumor Size | Neoadjuvant  Adjuvant |
|  | | | |
|  | | | |
| 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)* |

|  |
| --- |
| **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.* |

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

|  |
| --- |
| 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 |
|  |
| |  | | --- | | Other | | Type in other inclusion or exclusion criteria here | |

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