



## Biospecimens Request Form

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Student/Work ID: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_

To: The Director of Ramathibodi Comprehensive Tumor Biobank

I would like to request access to the biospecimens stored in Ramathibodi Comprehensive Tumor Biobank (RCTB). The list of requested biospecimens is submitted along with this form. I acknowledge the terms and conditions for requesting biospecimens as stated below;

### Biospecimen and Data Request: Terms and Conditions

1. Biospecimen requester must receive approval to use biospecimens from each biospecimen provider i.e., physicians, surgeons, or other medical professionals who collected biospecimens.
2. Biospecimen requester must use biospecimens received from RCTB and data generated from the biospecimens solely for the research project that has been approved by the Ethics Committee (EC).
3. Biospecimen requester must use biospecimens received from RCTB and data generated from the biospecimens solely for the research project specified in the Biospecimens Request Form (RCTB-F-02-(SOP-09)).
4. In case biospecimen requester wants to use the biospecimens and/or data generated from the biospecimens for other research projects aside from those specified in RCTB-F-02-(SOP-09), biospecimen requester must receive approval from each biospecimen provider, RCTB, and EC.
5. Biospecimen requester must NOT disclose any identifiable information related to biospecimens without approval from EC.
6. Biospecimen requester is required to add “We thank Ramathibodi Comprehensive Tumor Biobank for providing the clinical specimens used in this study” in the Acknowledgment of their research publication and inform RCTB after the research is published.
7. Biospecimen requester will assign an appropriate authorship contribution percentage to each biospecimen provider who collected the biospecimens used for their research project.
8. In case RCTB personnel contributed to the research project, biospecimen requester will assign an appropriate authorship contribution percentage to RCTB personnel.
9. Biospecimen requester consents to the collection of any data submitted in RCTB-F-02-(SOP-09) and allows the use of data by RCTB for statistical and service improvement purposes.

I have read and agreed to abide by these terms and conditions.

(sign) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Biospecimen Requester

Date 

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Year      Month      Day



### Biospecimens Request Form

Title of Project: .....

Research EC certificate no. COA. MURA ..... Expiry date:    -   -   Year Month Day

Principal Investigator .....

Affiliation ..... E-mail ..... Tel .....

<b>A. Purpose of request</b>	<input type="checkbox"/> Research	<input type="checkbox"/> QC	<input type="checkbox"/> Termination	<input type="checkbox"/> Service
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<b>B. Classification of cancer</b>
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<input type="checkbox"/> Breast	<input type="checkbox"/> Eye	<input type="checkbox"/> Lung (CVT)	<input type="checkbox"/> Stomach	<input type="checkbox"/> Others
<input type="checkbox"/> Colon	<input type="checkbox"/> Gyne	<input type="checkbox"/> Neuro	<input type="checkbox"/> Ped.Onco	.....
<input type="checkbox"/> Esophagus	<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Ortho	<input type="checkbox"/> Med.Onco	.....
<input type="checkbox"/> ENT	<input type="checkbox"/> Hepato	<input type="checkbox"/> Rectum	<input type="checkbox"/> Uro	.....

<b>C. Type of biospecimen</b>
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<input type="checkbox"/> Serum ..... cases	..... samples/case	<input type="checkbox"/> Plasma ..... cases	..... samples/case
<input type="checkbox"/> Buffy coat ..... cases	..... samples/case	<input type="checkbox"/> PBMCs ..... cases	..... samples/case
<input type="checkbox"/> DNA ..... cases	..... samples/case	<input type="checkbox"/> RNA ..... cases	..... samples/case
<input type="checkbox"/> Snap frozen tissue ..... case	cancer ..... samples	normal ..... samples	
<input type="checkbox"/> OCT-Preserved Tissue Block ..... case	cancer ..... samples	normal ..... samples	
<input type="checkbox"/> Cerebrospinal Fluid ..... case	Pellet ..... samples	Supernatant ..... samples	
<input type="checkbox"/> Organoid ..... case	<input type="checkbox"/> Other:		

TOTAL  <input type="text"/> <input type="text"/> <input type="text"/> cases  <input type="text"/> <input type="text"/> <input type="text"/> Samples	<b>1. Opinion of Biospecimen provider</b>	<b>2. Opinion of Director of RCTB</b>
	Please choose at least 1 choice	<input type="checkbox"/> Approved      Opinion ..... <input type="checkbox"/> Denied .....  (sign) ..... (.....)
	<input type="checkbox"/> Biospecimen provider who collected this biospecimen is listed in EC certificate of this project  <input type="checkbox"/> RCTB-F-03-(SOP-09) Approval Request form is attached	Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Year Month Day

#### Biospecimen delivering options

**Self pick-up:** At Ramathibodi Research Center, 3<sup>rd</sup> floor Research and welfare building, Ramathibodi Hospital

Date    -   -   Day and time  :  :  Hour  :  :  Minute  :  Second Tel: .....

**Parcel Delivery to an address below;**

Domestic       Overseas

(sign) .....

Recipient .....

(.....)

Tel .....

Biospecimen Requester

Address .....

Date    -   -   Year Month Day

No. RCTB\_RQB   /



### Biospecimens Request Form

ประวัติการแก้ไขเอกสาร :		RCTB-F-04-(SOP-09) Biospecimen Request Form		
Revision No.	Prepared by	Effective date	Page	Reason for change
Rev.01	น.ส. ชญาณิศ ทรงพัฒนาศิลป์	2023-10-30	1-2	<ol style="list-style-type: none"><li>แก้ไขรูปแบบการบันทึกวันที่</li><li>เพิ่มวัตถุประสงค์การเบิกตัวอย่าง</li></ol>
Rev.02	น.ส. ชญาณิศ ทรงพัฒนาศิลป์	2025-10-15	2	<ol style="list-style-type: none"><li>เพิ่มตัวเลือกการเบิกเพื่องานบริการ</li><li>ลบ Cryopreserved single cell เปลี่ยนเป็น Cerebrospinal fluid</li></ol>

