



ธนาคารชีวภาพสำหรับโรคมะเร็งแบบครบวงจร
Ramathibodi Comprehensive Tumor Biobank; RCTB

Biospecimens Request Form

Name:

Position:

Student/Work ID:

Affiliation:

Date:

To: The Director of Ramathibodi Comprehensive Tumor Biobank

I would like to request an 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 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 Acknowledgement 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 / /
Day Month Year



ธนาคารชีวภาพสำหรับโรคมะเร็งแบบครบวงจร
Ramathibodi Comprehensive Tumor Biobank; RCTB

Biospecimens Request Form

Title of Project:

Research EC certificate no. COA. MURA Expiry date: / /

Principal Investigator

Affiliation E-mail Tel

A. Purpose of request		<input type="checkbox"/> Research	<input type="checkbox"/> QC	<input type="checkbox"/> Termination
B. Classification of cancer				
<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
C. Type of biospecimen				
<input type="checkbox"/> Serumcasessamples/case	<input type="checkbox"/> Plasmacasessamples/case			
<input type="checkbox"/> Buffy coatcasessamples/case	<input type="checkbox"/> PBMCscasessamples/case			
<input type="checkbox"/> DNAcasessamples/case	<input type="checkbox"/> RNAcasessamples/case			
<input type="checkbox"/> Snap frozen tissuecase	cancer.....samples	normalsamples		
<input type="checkbox"/> OCT-Preserved Tissue Blockcase	cancer.....samples	normalsamples		
<input type="checkbox"/> Cryopreserved single cells.....case	cancer.....samples	normalsamples		
<input type="checkbox"/> Organoid.....case	<input type="checkbox"/> Other:			
TOTAL <input type="text"/> cases <input type="text"/> Samples	1. Opinion of Biospecimen provider		2. Opinion of Director of RCTB	
	Please choose at least 1 choice <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		<input type="checkbox"/> Approved Opinion..... <input type="checkbox"/> Denied (sign)..... (.....) Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Biospecimen delivering options

Self pick-up: At Ramathibodi Research Center, 3rd floor Research and welfare building, Ramathibodi Hospital
Date / / and time : : Tel:

Parcel Delivery to an address below;

Domestic Overseas

Recipient

Tel

Address

.....

.....

.....

(sign).....

(.....)

Biospecimen Requester

Date / /

No. RCTB_RQB /



ธนาคารชีวภาพสำหรับโรคมะเร็งแบบครบวงจร
Ramathibodi Comprehensive Tumor Biobank; RCTB

Biospecimens Request Form

ประวัติการแก้ไขเอกสาร :		RCTB-F-04-(SOP-09) Biospecimen Request Form		
Revision No.	Prepared by	Effective date	Page	Reason for change