UCSF AIDS Specimen Bank – New Studies

# Deposits

Name of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Study Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Visits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of study: \_\_\_\_\_\_\_\_\_\_ End Date of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study/Project Coordinator (name and contact information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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UCSF IRB Approval (please check) Yes □ Pending □

Is this for storage only? Yes □ (**go directly to page 3**) No □

BD15155_

Will ASB be processing, storing, and disseminating your specimens? Yes □ No □

How long are the specimens to be stored with the Specimen Bank? \_\_\_\_\_\_\_\_\_\_\_\_

Will this study require standing orders? (For example, do we need to set aside 1 ml of sera and ship quarterly to a collaborator or do you require real-time testing?) Please describe where samples will be sent for real-time testing and/or for collaboration. Please provide Federal Express account number.

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Please fill out the table (s) below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPECIMEN TYPE** | **# and type of blood/collection tube** | **Aliquot scheme for storage** | **# of ml to store\*** | **Comments** |
| *Example: Serum* | *SST – 2 tubes* | *1 ml/aliquot all* | *8 ml* | *Bank all* |
|  |  |  |  |  |
| Buffy Coat |  |  |  |  |
| Cell Pellets |  |  |  |  |
| Cervical Fluid (CSF) |  |  |  |  |
| CSF (supernantant) |  |  |  |  |
| **SPECIMEN TYPE** | **# and type of blood/collection tube** | **Aliquot scheme for storage** | **# of ml to store\*** | **Comments** |
| CSF Pellet |  |  |  |  |
| CPT - PBMCs |  |  |  |  |
| CPT-pellet |  |  |  |  |
| CPT-plasma |  |  |  |  |
| DNA |  |  |  |  |
| Granulocytes |  |  |  |  |
| PAXgene DNA |  |  |  |  |
| PAXgene RNA |  |  |  |  |
| PBMCs |  |  |  |  |
| Plasma |  |  |  |  |
| PPT |  |  |  |  |
| RNA |  |  |  |  |
| Saliva |  |  |  |  |
| Semen |  |  |  |  |
| Serum |  |  |  |  |
| Swab\*\* |  |  |  |  |
| Tissue (frozen)\*\* |  |  |  |  |
| Urine pellet |  |  |  |  |
| Urine supernatant |  |  |  |  |
| Whole Blood |  |  |  |  |

*\* We normally store fluids as 1ml aliquots unless the PI indicates a different amount. PBMCs are stored as 10 million cells/ml.*

*\*\* Please indicate anatomical location of collection, i.e. oral, anal, vaginal, etc.*

Other specimen type(s) not listed in table: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Storage Only Requests**

ASB requests that vials to be stored must be labeled clearly. Vials and labels must able to withstand temperatures down to -80 or -190 degrees C. We store vials that can fit in a 2 inch box. If you have large vials (ie: PaxGene) we can accept vials no taller than 4 inches. Vials taller than 2 inches can only be stored for 6 months to a year.

If this is for storage only please describe the type of specimens, storage conditions, and number of vials to be stored. Please describe the size of the storage vials.

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**For All Studies:**

How long will the samples be stored and are there funds to support their short or long-term storage?

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We will invoice you monthly for processing and -80 or liquid nitrogen storage. Please provide an account number.

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Will ASB be shipping samples for your study? Please describe where the samples will be shipped. Please provide a Federal Express account number for shipments:

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Name (please print) and title of specimen requestor

Signature Date