

CSAS Service Request Form

Fisher BioServices Central Repository Services Clinical Support Laboratory Aliquoting Services Applied/Developmental Research Directorate

Purpose:

The purpose of this Service Request Form is to provide investigators with information that will help them develop project requests that provide the information required to provide timely, accurate cost estimates. **Please complete only the sections relevant to your request.** A completed form can be submitted as an attachment to the CSAS request for services or will be provided by the program for completion if additional information is required. If preferred, you can complete the form by hand and submit a scanned copy as an Adobe Acrobat (.pdf) file. CSAS Financial approvals are limited to the current fiscal year. New CSAS requests need to be submitted at the beginning of each fiscal year to cover ongoing project support. This form covers services provided by:

- Fisher BioServices Central Repository Service
- Clinical Support Laboratory specimen aliquoting services

For projects involving the following services, additional service request forms are available:

- Sample Processing – Clinical sample separation, DNA extraction
- General Immunology – Flow cytometry, ELISA, and multiplex biomarker testing
- Cell Culture – EBV transformation, primary fibroblast culture
- Functional Assays – ELISPOT, proliferation, cytotoxicity

Requests for service should provide sufficient detail for a cost estimate to be developed. Incomplete information may delay the response and approval process. Please contact Dr. William Kopp at koppw@mail.nih.gov or by phone at (301) 846-1707 if you have any questions about submitting a CSAS request or about completing this form.

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A. Requestor Contact Information

Requestor: _____

Email Address: _____

Telephone #: _____

Principal Investigator: _____

Institute: _____

Branch: _____

Division: _____

DCEG Requestors – Please provide PI Code and CAS ID: _____

B. Questionnaire For Central Repository Services

Study Details

1. Project Name (used on CSAS Request): _____

2. Is this an Existing Study? Yes (go to 2a) No* (skip to 3)

* Depending on the scope of the study, this request may need to be redirected to the Yellow Task System.

2a. Source Code: _____

2b. BSI Study ID: _____

3. If new, Preferred Study Name: _____

4. Do you require a new Source Code? Yes* No, Please use: _____

* New Source Codes require submission of a completed New Source Code form. This form will be provided to you upon approval of CSAS request by Central Repository staff.

5. Is this request time sensitive Yes (go to 5a.) No (skip to 6.)

5a. What is requested time frame*? _____

* The Central Repository will expend all reasonable effort in its attempt to meet short turnaround times.

Specimen and Storage Details

6. Where are specimens currently located? Not Yet Collected, or:

7. Expected date for delivery to Central Repository: _____

7a. Will there be ongoing deliveries of specimens? Yes No

8. Is material being processed/submitted to the Clinical Support Laboratory? Yes (Skip to 9.) No (go to 8a.)

8a. Total number of vials expected to be stored during current fiscal year? _____

8b. Total number of expected shipments to central repository? _____

9. Please define all specimen material types that will be stored:

Material Type (List each material type separately)	Container size/type (Provide Brand and catalog number OR dimensions)	Specify Storage Requirements / Temperatures <ul style="list-style-type: none"> • Ambient • (-20)°C • (-80)°C • LN2, vapor • LN2, liquid • Flammable Protection (ambient) 	Current Label Information Standard Practice for non-barcoded specimens is to add a barcode upon completion of inventory. Please notify us if you wish for material to remain unbarcoded.

10. Is protected health information or personally identifiable information (PHI or PII) located on the material to be stored at the central repository?

Yes* No

* All material with PHI or PII is required to be relabeled upon inventory at the central repository OR additional approvals will be required. All electronic communications that include PHI or PII must be encrypted and limited to individuals with a “need to know”

11. Are any of these specimens known to contain infectious material? Yes No

12. What information will be printed on the vials/labels?

13. Is the vial identifier unique for every vial? Yes No

14. Will you need the central repository to arrange for pick-up of specimens? Yes No

14a. If yes, please provide the following contact information for where the specimens are currently located

Contact Name: _____

Phone: _____

Email: _____

Shipping Address:

15. Will the central repository need to provide visual volume assessment for specimens received? Yes No

16. Is an electronic listing of the inventory available (“e-manifest”)?* Yes No

* The central repository greatly prefers receiving an e-manifest for all inventories. The preferred columns of information to provide in the manifest follow immediately below. Fields in **bold** should be considered the minimum information required for an e-manifest to be useable. Providing an e-manifest helps to ensure that your request can be fulfilled in an efficient manner with reduced communication and incurred cost.

Current Label	ID that is on the vial. May be the same as one of the other fields or a combination of field values. Alpha-numeric. Maximum of 25 characters.
Collection Center	Site where the material/specimen was obtained. Format: Code list used
Hemolyzed	Degree to which a specimen is hemolyzed. (e.g. slight, moderate, severe, not applicable, not hemolyzed) Format: Code list used
Subject ID	Differentiates a subject throughout the life of a study. Alpha-numeric. Maximum of 11 characters.
Date Drawn	Date material was obtained or created. Format: mm/dd/yyyy
Material Type	Denotes type of material/specimen (e.g. Plasma, serum, FBS, DNA) Format: Code list used
Material Modifier	Further defines material/specimen type (e.g. EDTA, Control, Adipose, fasting, pre-menopausal) Format: Code list used
Study ID	Name of study. Pre-defined, Enter as registered in BSI inventory system
Volume/Quantity	Volume assessment of specimen or quantity contained in specimen
Volume Unit	Unit of measure (e.g. mL, ul, unit, mcg) Format: Code list used
Box	

Withdrawal and Shipment Details

17. Please provide an electronic list of specimens you wish to withdraw OR identify a BSI requisition that has been submitted List will be provided
 A BSI requisition has been submitted, please see R____:_____ in database:
 NCI CENREP SHANGHAI
18. How many vials/specimens will be shipped? _____
19. Are these specimens to be: Shipped Discarded* Other: _____

* For discard requests, please provide assurance of all appropriate approvals (i.e. Institutional Review Board, Division, Director, Principal Investigator, etc.)

20. Do specimens require blinding? Yes No
21. Do specimens need sorting or batching*? Yes No (skip to 23)

* The central repository’s standard shipping process is to withdraw and array the specimens as they are withdrawn from their current storage locations (Building, Freezer, Rack, Box, Row, and Column order).

22. If specimens require sorting or batching, please provide an electronic listing of requested order. Electronic file will be provided
 I require assistance in providing this file.

23. This material will be shipped to the following address:

Contact Name: _____

Phone: _____

Email: _____

Shipping Address:

24. Is shipping to be paid for by the recipient?

Yes No

If yes, please provide:

Courier: _____

Account #: _____

For questions about central repository CSAS requests, please contact:

Ms. Donna Pike
Donna.pike@fnlcr.nih.gov
(240) 397-2145

Dr. David Toke
david.toke@fnlcr.nih.gov
(240) 397-2133

C. Sample Aliquoting Services

Not Applicable (If not applicable skip section)

Aliquoting projects are prioritized by the laboratory based when all samples have been received along with the final batching order. Prioritization is not based on the date the CSAS request was submitted. Individual Divisions or Branch Chiefs may reprioritize the project order for tasks originating from their programs.

- This is an Existing Study in the Central Repository
 Samples to be provided from another location

2. Material Type to be aliquoted: _____

3. Number of vials to thaw/aliquot (Parent vials): _____

Maximum number of sub-aliquots to create (Child vials) per Sample/Parent vial: _____

Are samples to be provided to the laboratory in batch order? No Yes

Specify the volumes required, their disposition (ship, return to storage, perform testing, etc.) and their relative priority should insufficient volume exist for all the sub-aliquots requested. (Expand table as needed).

Are there multiple subsets of samples that will have different aliquoting schemes?

No Yes

If yes, please provide separate tables for each subset and the number of parent vials associated with the subset

Volume of Child aliquot	Disposition	Priority

4. Aliquot until parent volume is exhausted? No Yes

5. Are there any special vial/plate requirements? No Yes

If Yes, please specify vial requirements: _____

6. Standard procedure is to thaw serum or plasma samples overnight at +4°C. If this is unacceptable, please specify requirements:

7. Standard procedure is to aspirate and dispense multiple times until mixture is homogenous. If you require vortexing or another specific mixing procedure please specify the requirements below:

8. For studies currently inventoried in the Biological Specimen Inventory (BSI) the standard procedure is to assign the next available sequence number to child vials created and to label with a barcode (data matrix symbology). The BSI ID is both eye-readable on the vial and embedded in the barcode generated. If this is unacceptable or if the samples are not currently in BSI, please specify labeling preferences (NOTE: the labeling scheme **cannot** contain PHI):

9. Do any of the aliquots require masked IDs? No Yes
- If Yes, please submit the masking scheme as a separate file.

10. If the laboratory determines that an insufficient amount of a sample is available to perform the critical minimum level of aliquoting for this request, please indicate what steps should be taken:

Sample Disposition:

11. Are any of the aliquots to be shipped outside of the FNL-Frederick campus?
 No Yes

- If Yes, identify aliquot(s) and provide complete shipping and contact information.

12. Are all samples not being shipped to be returned to the FNL Central Repository?
 No Yes

- If No, provide destination

13. If samples are being shipped to a collaborating institution, is there a Material Transfer Agreement (MTA) in place? No Yes

13a. If not, has an MTA been submitted for approval? No Yes
Shipment cannot take place without an approved MTA or waiver.

14. Are samples to be shipped to a foreign country? No Yes
- If Yes, provide all information required for an Declaration of Export form to be completed.

15. Can samples be stored at -80°C and ship on dry ice? No Yes

For questions about Sample Processing CSAS requests please contact:

Dr. William Kopp
bill.kopp@fnlcr.nih.gov
(301) 846-1707