



## BC Cancer Agency PREDICT study

### Materials Access Application Form

Application date:

**Project Title:**

**Principal Investigator** (*first, middle, last name*):

**Mailing address:**

  
  

**Telephone** (*include area code & extension*):

**Fax:**

**E-mail:**

**Contact person** (*e.g., lab manager who will receive the materials*):

**Shipping address** (*if different than above*):

  
  

**Telephone:**

**Fax:**

**E-mail:**



**A. Details of Cases and Blood Biospecimens requested**

TOTAL NUMBER OF CASES \_\_\_\_\_

**CASE REQUIREMENTS**

eg cancer  
type, year of  
diagnosis, etc

**BLOOD PRODUCTS**

- Plasma
- Serum
- Buffy coat

# of  
samples

Amount per  
sample

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER DETAILS**

Please select all intended  
applications:

Sequencing  PCR  RT-PCR  array  Western

other \_\_\_\_\_

**DATA REQUIREMENTS**

Subject contact

**NOTES ON DATA REQUIREMENTS**

Treatment data (chemo, radiation, etc.)

Outcome data (follow-up status.)

Other data



**B. Other Application Details**

B.1 Timeframe samples are required in (please select one): 4-8 weeks  2-4 months

B. 2 Has/Is/Will this specific project receive independent scientific/methodological peer review? Yes  No

If yes, please indicate the names of the agency, committee or individual and review dates:

If not, please justify or explain why no review has taken place:

B.3 Has this project been approved by your REB/IRB? Yes  No

(if this application is successful a copy of the REB/IRB approval certificate will be required prior to shipment of the materials)

B.4 Have you secured funding to carry out this project? Yes  No

(if this application is successful a copy of the granting/funding agency approval letter will be required prior to shipment of the materials)

If yes, please name the funding source (agency, project title, \$\$ and dates):

If not, please explain how funding will be obtained:

**Required supporting documentation:**

APPENDIX 1: A current *curriculum vitae* for the Principal Investigator  
(any agency CV is accepted, eg Common CV, NCIC, DOD, NIH, MSFHR, etc )

APPENDIX 2: A 1 page summary/abstract of the research project- please paste into box on page 4.  
(include hypothesis, aims, technical approach )

APPENDIX 3: Please include a separate statistical justification for requested sample size.



Summary/abstract of the research project:

A large, empty rectangular box intended for the user to provide a summary or abstract of their research project.

Any questions or help needed to formulate or complete this application are welcome.  
Applications must be submitted by e-mail: [predict@bccancer.bc.ca](mailto:predict@bccancer.bc.ca)