



Date of Inquiry: _____

Clinical Specimen Inquiry Form

Instructions: Complete the information below with as much detail as possible. The information below will allow the foundation to assess feasibility of the request and the overall impact of the request on the specimen bank.

Name & Title of Principal Investigator(s): _____

Institution or Industry Affiliation: _____

Institution Address: _____

Phone Number: _____

Email Address: _____

Collaborators: _____

Study Title: _____

Specific Specimens Needed from the Specimen BioBank

- Type of specimens (e.g. serum, plasma, urine, stool, DNA): _____
- _____
- The number of specimens needed for study: _____
- The volume needed per specimen: _____

If applicable, please state the minimum volume needed per assay:

NOTE: Assay #1 will be highest priority, Assay #2 is second priority, etc.

- Volume for Assay #1: _____
- Volume for Assay #2: _____
- Volume for Assay #3: _____
- Volume for Assay #4: _____

- Is there a specific trial the specimens are needed to be drawn from? Yes No (circle one)

If yes, which one(s)? _____



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- Do you require any specific sample time points (i.e. baseline sample)? Yes No (circle one)

If yes, which one(s)? _____

- Are there any specimen limitations that restrict your ability to run the assays (e.g. heparin vs. EDTA plasma): Yes No (circle one) If yes, explain:

- Additional Comments CFFT Should Consider: _____

Name of Principal Investigator(s): _____

Institution or Industry Affiliation: _____

Specific Clinical Data Associated with Sample:

Inclusion Criteria	Exclusion Criteria
<i>Define the specimen characteristics you require (e.g. patient age range, FEV₁, patient medication usage requirements, genotype, etc.)</i>	<i>Define the specimen restrictions parameters below, if applicable (e.g. microbiology limitations or exacerbation restrictions)</i>
1.	1
2.	2.
3.	3.
4.	4.
5.	5.