



# PROSTATE CANCER BIOREPOSITORY NETWORK

*prostate cancer biospecimens for your research*

## Application for Access to PCBN Tissue Microarrays (TMAs)

**Please note that the TMA application will not be accepted without accompanying antibody and IHC assay validation data. This should include full length westerns with positive and negative controls showing one band at correct size and likewise IHC on tissues or cells that are known positive and negative controls. We cannot accept company antibody spec sheets as validation data. All antibody and IHC assay validation must be done "in house."**

### Instructions to Applicants

This form has five sections. It is compulsory that sections A-C and E are completed in full to avoid delays in review and disbursement of material. Section D (TMA Information) may be completed depending on your application needs. Please elaborate as fully as you can your requirements.

Signing the form indicates that you have familiarized yourself with the PCBN Tissue & Data Access Policy and terms of agreement, and that you agree to be bound by them.

Upon completion, please submit the completed form, along with all necessary attachments (such as a clear and concise analytical validation data for antibodies for IHC assays) to the Prostate Cancer Biorepository Network at [query@prostatebiorepository.org](mailto:query@prostatebiorepository.org). Please include a short summary of your request in the email body text.

<b>SECTION A: Applicant Details</b>		
Principal Investigator (PI) Name	PI Telephone	PI Email
Institution		Department
Institution Address		Institution Type Academic/Government Commercial Non-profit Contact Email
Contact Person	Contact Telephone	
Legal Contact Person (MTA purposes)	Legal Contact Telephone (MTA purposes)	Legal Contact Email (MTA purposes)

<b>SECTION B: Billing Information</b>		
Billing Contact Person	Billing Contact Telephone	Billing Contact Email
Billing Address Same as Institution Address		Payment Details Purchase Order Credit Card Other
Funding Source	Grant ID#	Grant End Date

<b>SECTION C: Project Information</b>
Project Title
Hypothesis

Specific Aims

Protocol / Method to be used (for IHC assays, this section MUST include antibody validation data for specificity including by IHC). Append additional files as needed.

Name of Pathologist associated with the study (If TMA or tissue slides require microscopic examination)

IRB Approval Type

Full

Expedited

Exempt

IRB Approval Number

IRB Approval Dates

<b>Section D: TMA Information</b>		
<b>TMA</b>	<b># Sections</b>	<b>Justification for # Sections per Array Requested</b>
8 Case Test		
40 Case Screening		
80 Case Grade/Stage		
200 Case Grade/Stage		
320 Case Enrichment		
235 Case Natural History of Prostate Cancer *		
10 Case Test PSA Progression*		
726 Case PSA Progression*		
150 Case Race Disparity*		
114 Case Race Disparity		
120 Case Race Disparity*		
56 Case Hormone Sensitivity		

217 Case Biochemical Recurrence		
50 Case Benign Prostatic Hyperplasia		
119 Case High-Grade PIN		
Fixation		
Ischemia/Fixation Delay		
27 Case Lymph Node Mets*		
52 Case Lymph Node Mets*		
900 Case Radical Prostatectomy*		
136 Case Zone of Origin*		
140 Case Genomic*		
45 Case Bone and Visceral Metastasis from Rapid Autopsy*		
20 Case Bone and Visceral Metastasis from Rapid Autopsy*		

42 LuCaP PDX Models*		
15 Case Metastasis from Rapid Autopsy *		
135 Case Grade/Stage Radical Prostatectomy		

\*Due to the level of effort and source of funding, access to these materials may require collaboration

**Section E: Shipping Information**

Shipping Address

Same as Institution Address

We/I have read, understood and agree with the Tissue Access Policy and Conditions of Use for Tissue and Data Bank Resources. We/I agree that the samples provided by PCBN will be used for the research work detailed in the attached proposal. The material will not be used for other studies, or distributed to third parties. Tissue and their products will not be used for commercial purposes. We/I realize that there is the potential that this human biological material may contain infectious agents and, therefore, will handle it appropriately.

Principal Investigator Signature

Date