

REQUEST FOR BIOREPOSITORY SAMPLES

Name: _____

Telephone: (____) _____ **Email:** _____

Affiliation: UW-Madison: School/Department _____

- Faculty
- Academic staff

Health Department / County _____

Other: _____

Type of sample requested:

- Plasma number of samples _____ number of 0.5 ml aliquots/sample _____
- Serum number of samples _____ number of 0.5 ml aliquots/sample _____
- Urine number of samples _____ number of 1 ml aliquots/sample _____
- DNA number of samples _____ number of 50 μ l aliquots/sample _____
(DNA concentration is 30-500 ng/ μ l)
- Whole blood PAXgene number of samples _____

List of SPIDs attached yes no

If no list is attached please specify selection criteria for samples you are requesting:

Is there a data request associated with this biorepository samples request? If yes, please provide request # or attach new request

IRB approval for using SHOW biosamples:

- approved by IRB, IRB # _____
- approval pending

Where will samples be analyzed:

What tests will be performed:

Timeline of adding test results to the SHOW database:

(SHOW is funded by the Wisconsin Partnership Program (WPP) as a research infrastructure available to UW investigators. It is generally expected that data created from biosample analyses will be added to the SHOW database and be available to other researchers immediately or, at the latest, upon completion of your research aims which may include publication of findings.)

Test results will not be added to SHOW database

Please justify:

*** Expected date of return of unused sample to SHOW biobank:**

*** SHOW policy on Sample Management:**

SHOW has devised the most stringent data/sample security plan that is feasible given the complex nature of the survey design. All data and specimens collected on human subjects in the Survey of the Health of Wisconsin are protected from technical and physical loss and damage and from disclosure of identifiable data from the initial point of collection through interim storage, transport, transmissions, downloads, processing, final storage, and distribution of datasets and specimens. Per SHOW policies specimens obtained via this request cannot be shared with persons not listed on this request. After completion of your project we request that unused samples are destructed following appropriate methods for biohazard waste disposal.

Insert a brief description of research aims justifying this request:

(maximum 250 words)

Data and biospecimen usage agreement

By submitting this application, I as the Principal Investigator, agree to the below conditions of use.

I understand that via my application I am agreeing to the following statements and terms (*please check each box below*):

- I agree to use biosamples and data only for the purpose outlined in this **Request** form. If a secondary use is desired, I will complete a new biosample request/agreement form.
- I agree to provide evidence of IRB approval for proposed use of SHOW biospecimens and data prior to release of biospecimens by SHOW.
- I agree that I will maintain the confidentiality of the data and not share any SHOW data or biospecimens with persons not included within the applicant group noted on this form. **I assume responsibility for ensuring that my research group members listed on this form are aware of confidentiality requirements and will adhere to all IRB requirements on data and biospecimen privacy and security.** No attempts to identify individuals, families or households will be made. We will not disclose or publish data whereby a sample unit or survey respondent could be identified or related to any particular individual, family or household.
- I agree that data generated from the biosamples or data provided by SHOW must be stored on a password-protected drive (personal computer or server). Data should be transferred directly to this drive using UW-Box or other secure method.
- If I seek to publish manuscripts or submit a grant application using data from SHOW biospecimens, I will comply with the SHOW Publication Policy. This includes submitting a manuscript, abstract or grant application for review by the SHOW committee at least 2 weeks prior to the submission deadline.
- I agree to cite the "Survey of the Health of Wisconsin" as a source of the biospecimens and data in all publications proceeding from the proposed study.
- I understand that failure to adhere to these terms by me or anyone on my research team will be deemed non-compliant with SHOW policies as well as UW-Madison rules and regulations and at minimum could result in the loss of the opportunity to use SHOW biospecimens and data in the future.

Requesting Scientist Signature

Date

Please submit completed form to data@show.wisc.edu