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Application Number:_____ Application Received:_____

Approved: Y N Date approved:_____

APPLICATION FORM FOR ACCESS TO interNATIONAL ANAPLASTIC THYROID CANCER TISSUE BANK (iNATT) SAMPLES

I. The information requested in these forms is necessary in order to document correctly your request for tissue and other services and to ensure that the iNATT project operates within the guidelines of the Human Tissue Authority. When submitting a written request for supply of material:

A. Please print neatly or type.

B. Patient identity is confidential. Samples will be coded and supplied with a minimum data set. The processing fee per sample will vary according to the type of sample requested.

C. Researchers receiving samples from iNATT are NOT required to have approval from NRES for the use of these samples as samples will be provided anonymously with only the minimum data set. However, researchers must be able to satisfy the Steering Committee that the project they submit is both ethically and scientifically valid. If researchers are already in possession of NRES approval for their projects, a copy of the NRES letter should be supplied with the application. Researchers are advised that it is their responsibility to ensure that they comply with the Human Tissue Act or other appropriate laws that cover the use of human material in research.

D. As the majority of samples will have been derived from biopsies rather than thyroidectomies the volume of tissue available per case will be limited and therefore priority will be given to those research proposals most likely to have a clinical impact.

E. The transfer of custodianship of samples from iNATT held within the Cardiff University Wales Cancer Bank, Room GTB2 1, Ground Floor, University Hospital of Wales Main Building, Heath Park Cardiff, CF14, 4XN to researchers will be by courier. Researchers are required to cover the cost of transport of their samples and supply appropriate customs declarations if appropriate.

F. Please email the completed application form to laura.moss@wales.nhs.uk and send hard copy of the signed Material Transfer Agreement (final page) to:

Dr Laura Moss
Department of Clinical Oncology
Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL, UK

G. For additional information please contact laura.moss@wales.nhs.uk

II. INVESTIGATOR DATA

A. Principal Investigator

Last Name *First Name Middle Initial* *Degree*

Investigator's Title

Address

Post code

Phone / Fax

Email

Contact Person (if different from above)

Name

Contact number

Email

B. Shipping Address (*if different from above*):

Post code

C. Invoice information. Is a purchase order required for shipment of specimens to your institution?

Yes ☐ No ☐
If yes, please supply purchase order when project has been approved.

Invoices will be sent to the shipping address listed in section B. If you would like the original invoice to be provided by post to another location, please enter that address below. A shipping list will be included with the samples, please complete and fax back to Dr Laura Moss on +44 (0)2920196873 to acknowledge receipt.

Person to whom invoice should be addressed (*if different from above*):

Invoice Address (*if different from above*):

Post code

Courier services: If you have an account with a courier service please provided details below. If you do not have a courier service account we will utilise an appropriate service for your area and invoice accordingly.

Preferred Courier _____

Customer/Account Number _____

III. RESEARCH INFORMATION

A. Please indicate the source of funds for your proposed project and documentation to confirm funding and premises are available to complete your project.

Funding Source	Period of Support

B. Please provide a short lay summary (max 200 words) of the intended research. Please note, this information may be used in the iNATT annual reports, therefore only include information that is not commercially sensitive.

IF YOUR PROJECT HAS ALREADY BEEN REVIEWED AS PART OF A GRANT APPLICATION, YOU MAY OMIT THIS SECTION AND SUPPLY A COPY OF THE SCIENTIFIC PART OF THAT GRANT APPLICATION AND FUNDING APPROVAL.

C. Please provide the title and a short research summary (2-4 pages of A4) of the proposed research on the samples you are requesting from the iNATT project (*use additional pages where necessary*). Sufficient information should be provided to enable the Steering Committee to determine the scientific validity of your study. Please fully justify the number and type of samples requested and address ALL the headings below.

i. Title:

ii. Introduction (including an overview of the state of the art in your proposed project area):

iii. Hypothesis & Aim(s) (please clearly state the aim(s) of your project):

iv. Experience of group and/or company carrying out analysis (please provide information to indicate that your research group has experience in the techniques you intend to use, either by use of preliminary data from other work carried out in your group or by providing references to publications from your group/company that are relevant to this application):

vi. Methods (please detail the methods you intend to use, indicating controls and the experimental design you will use where relevant include statistical information):

IV. SPECIMENS REQUESTED

Please specify **exactly** what you require e.g. 5 unstained sections per case from 10 anaplastic thyroid cancer cases.

Material required:	Number of cases required:
Fresh Frozen Tissues (state max ischaemic time)	Currently unavailable
PPFE blocks Please note blocks will not be released but we can provide cut sections or scrolls/curls.	
Tissue Microarrays (state no. of cases, cores/case, core diameter) Please note this option is only available if >100 samples required	
Unstained sections (Please state any specific slide requirements)	
Scrolls (state required thickness) Please state thickness and number of scrolls/curls	
Whole blood	Currently unavailable
Serum	Currently unavailable
Plasma	
Buffy Coat	Currently unavailable
Others	

A. Sample Information Required: Additional patient information may be available, but you must

request it in this application and justify its necessity for your research. It may be possible to provide some samples with details of treatment and outcome – although this may not be possible for all samples.

MATERIAL TRANSFER AGREEMENT

As principal investigator I agree, on behalf of all those involved in the project, to accept the following conditions relating to the use of material and information from the iNATT project lead by Velindre NHS Trust of Unit 2, Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ, UK

- The investigator/recipient agrees that the tissues provided by the iNATT project will be used only for the purposes specified in this application.
- The recipient agrees not to attempt to obtain information identifying the individuals providing tissues to the iNATT project.
- The recipient agrees that it shall not sell any portion of the tissues provided by the iNATT project, or products directly extracted from these tissues.
- The recipient also agrees that they shall not transfer tissue (or any portion thereof) supplied by the iNATT project to third parties without application to the iNATT Steering Committee and prior written permission from Velindre NHS Trust.. Any subsequent transfer that may be made to other parties, with prior approval from the iNATT Steering Committee will require signature of this agreement between the final recipients of the material and Velindre NHS Trust.
- The recipient understands that while the iNATT project team attempts to avoid providing tissues that are contaminated with highly infectious agents such as hepatitis and HIV, all tissues should be handled as if potentially infectious. The individuals who have supplied tissue to the iNATT project have not agreed to have clinical tests performed on this tissue (e.g. for the presence of infective agents such as hepatitis), therefore, the recipient agrees not to perform such tests on the tissues supplied by the iNATT project**.**
- The recipient acknowledges that the institution where the tissue will be used follows Human Tissue Authority or appropriate local regulations if outside England, Wales and Northern Ireland, for handling human specimens and will instruct their staff to abide by those rules. The recipient further agrees to assume all responsibility for informing and training personnel in the dangers and procedures for safe handling of human tissues.
- Materials are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. Velindre NHS Trust accepts no responsibility for any injury (including death), damages or loss that may arise either directly or indirectly from their use.
- All results should be documented using the unique identifier code on the barcode of the supplied sample e.g. CTNATT0099009. This is particularly important as material from the same patient may be made available to several researchers.
- The recipient agrees to acknowledge the contributions of Velindre NHS Trust's interNational Anaplastic Thyroid Cancer Tissue Bank (iNATT) funded by the Thyroid Cancer Support Group in all publications and presentations resulting from the use of these tissues.

The institution agrees to assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues from the iNATT project. It further agrees to indemnify and hold harmless Velindre NHS Trust and Cardiff University from any claims costs, damages or expenses resulting from the use of the tissues provided by the iNATT project. The undersigned warrant that they have authority to execute this agreement on behalf of the recipient institution.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

_____	_____	_____
Typed Name of Principal Investigator	**Institution**	**Division or Department**
_____	_____	_____
Signature of Principal Investigator	**Date**	**Institutional signatory (if applicable)**

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APPROVAL FOR RELEASE OF **iNATT SAMPLES** ON BEHALF OF VELINDRE NHS TRUST

_____
Typed Name of Authorised Signaturory

_____	_____
Signature of Authorised Signaturory	**Date**

Upon receipt of these signed understandings and the information requested above, the iNATT Steering Committee will consider the request and aim to provide a decision within 30 days.
Specific questions about your application should be directed to Dr Laura Moss, iNATT Chief Investigator, Velindre Cancer Centre, Cardiff CF14 2TL UK, Tel +44 (0)2920316205, email laura.moss@wales.nhs.uk