# SAN Specimen Request Form

**Form Instructions**

Please fill in the details of your request below. Once completed, send this form to the SAN Coordinating Center ([SAN@fredhutch.org](mailto:SAN@fredhutch.org)) with Subject Line “New Specimen Request”. You can expect a response within 2-3 business days to confirm request receipt and, if necessary, request clarification on any of the information provided.

**Requestor Information**

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Primary Contact (name & email):** Click or tap here to enter text.

**Alternate/Administrative Contact (name & email):** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Summary of Proposed Project/Specimen Use**

**Please describe the intended use of the specimens (provide any preliminary data/justification, as relevant):** Click or tap here to enter text.

**Ethics & Funding Information**

**Funding Source for Specimen Studies:**

**NIH**

**Other, please specify**: Click or tap here to enter text.

**Data Sharing (Intentions/Requirements – e.g. public deposit in dbGAP, other investigators external to organization, research groups, etc.):** Click or tap here to enter text.

**IRB/ERB Approval #:** Click or tap here to enter text.

**Click if Non-Human Subjects Determination**

**Approval Date:** Click or tap here to enter text.

**Specimen Request Details**

**Target date for specimen receipt:** Click or tap here to enter text.  
  
**Samples –** please describe each specimen type in your request (use one line for each specified type and patient population):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient/Participant Characteristics (i.e. specific histology, age range, sex, race/ethnicity, etc.) | Sample Type (e.g. FFPE, frozen, whole blood, plasma, etc.) | # of Samples | Quantity  Volume (per specimen) | Additional Details/Notes (i.e. genomic tissue markers, preservation or processing preferences, etc.) |
|  |  |  |  |  |
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|  |  |  |  |  |

Are longitudinal sample sets required?

 Yes  No, If yes, specify requirements (e.g. time points, etc.).

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| --- |
|  |

Do samples need to be matched?

 Yes  No If yes, specify requirements (e.g. time points, etc.).

|  |  |  |
| --- | --- | --- |
| **Yes** | **Matching Criteria** | **Instructions** |
|  | Collect matched pairs on the sample day |  |
|  | Age |  |
|  | Gender |  |
|  | Race |  |
|  | Other, please describe |  |

Do matched pairs need to be collected concurrently? (e.g. same day, same week, etc.)

 Yes  No If yes, specify requirements:

|  |
| --- |
|  |

Do samples need to be blinded?

 Yes  No If yes, specify information for unblinding.

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|  |

**Associated Clinical Data:**

**Would you like any clinical/participant data associated with your specimens?**  Yes  No

**If yes, describe the requested data** (i.e. labs, treatment, family history, medications, etc.): Click or tap here to enter text.  
**Do you want identifiable data?** *(Yes/No)*: Click or tap here to enter text.

*Please provide us with a spreadsheet where each individual column represents a data element you would like to know regarding each participant.*