

NEBRASKA BIOBANK APPLICATION V Mar 2014

| Applicant Information | | | |
|---|--|---|------------------|
| Request Date: | Need by Date: | | |
| Principal Investigator Name: | | | |
| Rank (Faculty): | Zip: | Phone: | |
| Department/College/UN Institution: | | | |
| Co – Investigator Name(s): | | | |
| Rank (Faculty): | Zip: | Phone: | |
| Study Coordinator Name: | | Email: | |
| Campus Address: | Zip: | Phone: | |
| Billing Information: | | | |
| Cost Object or WBS #: | | | |
| Sponsor: | Federal/ | State/ | Industry/ |
| | Other/ | | |
| | Un-Funded Pilot Study (describe expected funding agency): | | |
| | | | |
| Purpose of study including specimens and/or data needed: (attach separate document if needed) | | | |
| | | | |
| Inclusion Criteria Ex: age, sex, race/ethnicity, dates inclusive, diagnosis –include relevant ICD-codes, etc. | | | |
| | | | |
| Exclusion Criteria Ex: age, sex, race/ethnicity, medication, diagnosis –include relevant ICD-codes, laboratory values, etc. | | | |
| | | | |
| Specimen requirements (Note: only DNA & serum are available) | | | |
| DNA request | | | |
| Amount of DNA requested per sample (max available 2 ug): | | | |
| Total number of DNA samples needed, if available: | | | |
| Describe the type of study to be performed and any specific gene(s) of interest (eg: SNP analysis, whole gene sequencing, or gene array): | | | |
| Serum request | | | |
| Minimum volume required/sample(> 300 ul/sample will need specific justification): | | | |
| Total number of serum samples needed, if available: | | | |
| Please specify what assay(s) will be performed and who will be performing them: | | | |
| Specific to this proposal/application: | | | |
| Will there be a commercial and/or industry partner? | | | |
| Is there potential for a commercial application? | | | |
| Have you, or do you plan to submit a new invention notification for patenting? | | | |
| Contact Information | | | |
| Submit completed application electronically to: | | Questions may be directed to: | |
| Purnima Guda, PhD | | Deb Meyer, RN | |
| Clinical Research Center | | Associate Research Subject Advocate | |
| PYH 6011 Zip 5565 | | ARS 2005 Zip 7878 | |
| purnima.guda@unmc.edu 402-559-3845 | | dmeyerk@unmc.edu 402-559-6941 | |