

Biospecimen Access Application Form

The Recipient Institution Investigator (the “**Investigator**”) is responsible for overseeing the project and controlling the laboratory and personnel receiving, using, and processing the requested specimens should complete this application.

Patient identity is confidential. Samples and accompanying clinical data will be identified by a code, which will not be released under any circumstances.

The investigator is responsible for remitting processing fees to SARC for each specimen transfer provided, including fees for any additional services performed and shipping costs not directly billed to the applicant’s courier account. Please refer to the attached SARC Processing Fees price list to determine the costs.

Directions:

1. Please **complete the Biospecimen Access Application Form**.
2. Investigator must provide IRB documentation (either approvals or that it was exempt) with your application.
3. If requesting specimens and/or data for a particular SARC trial or multiple SARC trials, please complete separate **Biospecimen Access Application Forms**, and/or **Imaging Access Application Forms**, and/or **Data Access Application Forms**, as necessary.
4. Upon application approval, the Investigator will receive the **SARC Biorepository Specimen Request Form** and a **SARC MATERIAL TRANSFER AGREEMENT** to complete. The language in the Agreement is **NOT** to be altered.
5. If you have any questions or need additional information, please contact SARC’s UDS Coordinator at sarc-uds@sarctrials.org.

BIOSPECIMEN ACCESS APPLICATION FORM

As Principal Investigator for this study, my submission of this proposal indicates my willingness to discuss with and enter into a SARC Material Transfer Agreement with SARC, according to standard procedures for data analysis, data confidentiality, authorship, and intellectual property sharing.

I. Submission Type: Original Submission Revised Submission

II. Date:

III. Title of Proposed Correlative Study:

IV. Principal Investigator *(with title, department, institution):*

Co-Investigators *(with title, department, institution):*

Requestor name *(with title, department, institution):*

Requestor email address:

Requestor telephone number:

V. From which clinical trial(s) are you requesting specimens? *(Contact SARC if assistance is needed to determine this)*

VI. Hypotheses:

VII. Study Aims:

VIII. Brief Justification:

IX. Methods:

X. Description of Biospecimens:

A. Type of Specimen:

Tissue:

| | | |
|--------------------------------------|------------------|------------------|
| Normal tissue | Primary tumor | Metastatic tumor |
| Paraffin block | Unstained slides | TMA Frozen |
| Other biospecimen (not listed above) | | |

Specify:

Body Fluids:

| | | | |
|---|--------|-------|--------------|
| Whole blood | Plasma | Serum | Fresh tissue |
| Other body fluid biospecimen (not listed above) | | | |

Specify:

Derivatives:

| | | | |
|-------------|---------------|-------------|---------------|
| DNA (tumor) | DNA (genomic) | RNA (tumor) | RNA (genomic) |
|-------------|---------------|-------------|---------------|

B. Estimated number of specimens:

C. Sarcoma subtype:

D. Other specimen attributes or requirements for processing the requested samples prior to shipment to your facility:

E. Once approved, we will ask you to complete the **SARC Biorepository Specimen Request Form** (Solid Malignancy Request) to provide additional specifications (e.g. specify numbers of samples based on preparation type, sample size/preferred thickness, tissue quality control details) to assist in preparation for shipment from the SARC Biorepository.

XII. Statistical Design

A. Data analysis performed by:

B. Publication Plan:

If this has yet to be determined, please check this box:

1) Will this data be the basis for an Abstract? Specify (name and date of meeting when it would be presented):

Meeting name and date:

2) Manuscript Specify (journal name and target publication date):

Journal name and target publication date:

3) Both Specify (Abstract and manuscript publication details):

Meeting name and date for Abstract presentation:

Journal name and target publication date for manuscript:

XIII. Budget Considerations:

A. Estimated expenses:

Please account for costs of the tissue bank, (e.g., *sectioning of tissue, nucleic acid extraction, shipping material, etc.*) and all aspects of research including technical support, supplies and equipment, investigator and research staff salaries. Please also attach documentation of funding, as noted below.

B. Funding Source (*check all that apply and include appropriate proof of funding*):

Industry

Grant - specify program announcement:

Institutional

Other (specify):

XIV: Research Facilities (Where specimens will be shipped):

A. Shipping contact:

B. Shipping address: City: State:

Zip code: Country:

C. Contact phone number:

D. Contact email address:

E. Preferred shipping courier :

F. Shipping courier account number:

XV. Project Milestones (*expected timeline of project completion; must be within 2 years of receipt of specimens*):

A. Anticipated project start date (date specimens will be shipped):

B. Anticipated project end date (research completed):

C. Data submission date:

D. Final progress report due to SARC:

XVI. Disclosure of Conflict of Interest, if applicable:

XVII. Material Transfer and Data Transfer Agreements, or Other Contract Issues:

Before delivery of biospecimens, it is required that an appropriate Agreement is in place.

A. Name and contact information of the contracts person at the requesting institution:

Name:

Email address:

Phone:

B. Have preliminary discussions taken place about the Agreement **Yes** **No**

a. If agreement is already in place, please attach signed Material Transfer Agreement (MTA) or certified letter stating there is a MTA in place.

C. Are there any independent contractual issues associated with this proposal (e.g., third party involvement, someone else performing the actual assay (commercial entity, ref lab) or data analyses)?

Yes **No** If yes, please provide details below.

XIX: Have you discussed this project with your local IRB? **Yes** **No**

A. IRB Review Type:

Full **Expedited** **Exempt** **Not Human Subjects Research**

Other, explain:

B. If applicable, please include IRB approval or exemption letter

IRB#: **IRB expiration date:** **Exempt-no expiration**

Attachments

- A. Proof of funding/support**
- B. IRB approval or exemption letter**
- C. Prior Material Transfer Agreement** (if applicable)

References



Processing Fees

(effective 07/1/2025 - 6/30/2026)

| Tissue Distribution and Processing | Unit Cost | Fee Description |
|---|------------------|--|
| Distribution Project Coordination Fee* | \$540.00 | 3rd party support for the coordination activities associated with each distribution project - ex. clarifying specimen details, distribution project documentation, etc. |
| Pathology Review QC (per slide) | \$17.00 | Standard pathology review (concordance with diagnosis, % tumor vs. necrosis, % tumor vs. stroma) Note: requires H&E stained slide (not included) |
| Specialized Pathology Review (per Slide) | \$34.00 | Specialized review data requested - e.g. marking for macrodissection, counting tumor nuclei, etc. Note: requires H&E stained slide (not included) |
| External Pathology Review | \$32.00 | BPC to process tissue, facilitate pathology review of tissue when SARC opts to use an external (non-BPC) pathologist |
| Cut unstained slide from FFPE tissue block (each) | \$8.00 | |
| Cut and H&E stain slide from FFPE tissue block (each) | \$15.00 | |
| Scroll from FFPE tissue block (each) | \$10.00 | \$9.50 per vial; This does not include an \$17.50 fee per patient for Rnase free handling. |
| FFPE block (each; does not include pathology review) | \$10.00 | |
| FFPE slide (stained or unstained) or scroll (each; no pathology review) | \$10.00 | |
| Frozen tissue (each; does not include pathology review) | \$32.00 | Retrieval for distribution or additional processing; includes specimen handling (ex. Processing, weighing) |
| Cut unstained slide from frozen OCT-embedded tissue (1st) | \$12.00 | First slide cut for OCT-embedded tissue; includes set-up time and handling |
| Cut and H&E stain slide from frozen tissue (each) | \$22.00 | |
| Scroll from frozen OCT-embedded tissue (1st) | \$12.00 | First scroll cut for OCT-embedded tissue; includes set-up time and handling |
| Tissue (FFPE or frozen) redacted pathology report (each) | \$18.00 | Preparing and sending (physical or electronic) copy of the pathology report on file to downstream investigator |
| Extractions | Unit Cost | Fee Description |
| DNA/RNA from Frozen Tissue (each) | \$161.00 | |
| DNA/RNA from FFPE Block (each) | \$167.00 | |
| DNA/RNA from FFPE Slides (each) | \$199.00 | Does not include fee to cut slides from blocks, if applicable |
| DNA from Frozen or FFPE tissue scrolls (each) | \$97.00 | FFPE: requires fresh-cut scrolls (not included) |
| DNA from FFPE Slides (each) | \$128.00 | Does not include fee to cut slides from blocks, if applicable |
| RNA from Frozen or FFPE tissue scrolls (each) | \$99.00 | FFPE: requires fresh-cut scrolls (not included) |
| RNA from FFPE Slides (each) | \$130.00 | Does not include fee to cut slides from blocks, if applicable |
| DNA/RNA from Blood/Bone Marrow (each) | \$161.00 | From fresh whole blood, frozen whole blood, frozen buffy coat/WBC/PBMC |
| DNA from Blood/Bone Marrow (each) | \$82.00 | From fresh whole blood, frozen whole blood, frozen buffy coat/WBC/PBMC |
| RNA from Blood/Bone Marrow (each) | \$99.00 | From fresh whole blood, frozen whole blood, frozen buffy coat/WBC/P |
| Frozen Vial Distribution | Unit Cost | Fee Description |
| Frozen Liquid Vial (pull only) | \$17.00 | |
| Frozen Liquid Vial (thaw and aliquot) | \$30.00 | |
| Virtual Microscopy | Unit Cost | Fee Description |
| Whole Slide Imaging Fee (each) | \$14.00 | Does not include pathologist training or form development in VIPER |
| Pre-Existing Digital Image | \$7.00 | Distributing a pre-existing digital image to an Investigator |
| SARC Coordination Fee | Unit Cost | Fee Description |
| Processing and Handling* | \$ 200.00 | Fixed processing and handling fee |
| Shipping Costs | Unit Cost | Fee Description |
| Overnight, Two Day, etc.* | Varies | Covered by requestor by providing a Courier Account Number |
| Rush Fees | Unit Cost | Fee Description |
| Rush Project Coordination Fee | \$1,077.00 | Coordination fee for projects with requested turn around time of less than 4 weeks (note: timeline may not always be feasible) |
| Rush Project Specimen Surcharge | \$3.00 | Per-specimen surcharge for rush distribution projects (requested turn around time of less than 4 weeks) |
| * Assessed on all requests | | |
| All Costs are in US Dollars | | |