

Melanoma Research Victoria

c/- Research Division

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**MRV SPECIMEN and DATA APPLICATION FORM**

|  |  |
| --- | --- |
| Project Title |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Title & Name |  |
| Position |  |
| Department |  |
| Institution |  |
| Address |  |
| Phone |  |
| Mobile |  |
| E-mail |  |
| Project Co-Investigators |  |
| Commercial  Project? |  |

**NOMINATED CONTACT (FOR ENQUIRIES AND DELIVERY)**

|  |  |
| --- | --- |
| Title & Name |  |
| Position |  |
| Department |  |
| Institution |  |
| Delivery Address |  |
| Phone |  |
| Mobile |  |
| E-mail |  |

**PROJECT INFORMATION**

1. **Project Details**

1.1 What is the anticipated start date of the project?      /    /

1.2 What is the anticipated completion date of the project?      /    /

1.3 Has the project commenced?

1.4 Are any commercial interests funding the project?

If yes, check all that apply: Biomedical (specify):

Diagnostic (specify):

Pharmaceutical (specify):

Other (specify):

1.5 Are any commercial benefits likely to arise from this research?

Yes No NA

If yes, please list them:

**2.0 Provide a brief description of the project**

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**3.0 Outline the Specific Aims and Long Term Objectives**

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**4.0 Ethics**

**4.1** Has HREC approval been obtained for this project?

Please attach a copy of HREC approval letter, any approvals or amendments.

**5.0 Specimen / Data Requirements**

5.1 Please indicate the specimens/data required from MMP to support your project:

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| --- | --- |
| **Description** | **Request** |
| Clinical Diagnosis |  |
| Stage |  |
| Tissue Sample Type | FFPE Frozen Fresh |
| Number of Tissue Samples |  |
| Blood Sample Type | Plasma Serum Blood Pellet |
| Number of Blood Samples |  |
| Data Fields\* |  |
| Number of Patients |  |
| Quality of Life data |  |
| Medicare/PBS data |  |
| Other (specify) |  |

\* For multiple data fields please state categories (eg surgery) on this form and then highlight specific fields on the MMP Fields document.

5.2 Are you receiving any materials for this project from any other institutions or tissue banks?

If yes, please provide details:

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| --- | --- | --- | --- |
| Institution / Tissue Bank | Type of Material | Quantity | Frequency of materials received |
|  |  |  |  |
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**6.0 Methodology**

Describe the experimental Methods (such as molecular profiling techniques or biomarkers) that may be used. Include statistical assumptions behind number of cases/specimens.

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**7.0 Storage**

Describe storage security and destruction arrangements. Include measures in place to ensure confidentiality and privacy in the recording, storage and release of data.

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**8.0 Evaluation**

What criteria will be used to assess outcomes?

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| Aims: |

**9.0 Presentations**

What is the proposed method of publication or presentation of results and timetable?

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**9.0 Other Considerations**

Are there any ethical considerations that should be brought to the attention of MMP?

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**10.0 Lay Summary**

Please provide a lay summary of your project that can be used on the MRV website.

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**TERMS AND CONDITIONS**

Clinical samples and data must not be sold, used for commercial purposes or otherwise distributed to any person or persons other than the personnel designated on the Application Form

Applicants must demonstrate in their proposal the efficient and well-coordinated use of materials and data to promote scientific advances in cancer research.

Research resulting in information that could be of potential importance to the tissue donor and/or his/her family must be reported to the Governance Committee via the MRV Project Manager.

The patient’s right to privacy is of paramount importance to MRV. If an applicant requests identifiable samples, only those samples from patients who consent to the release of their identity will be supplied. Before identifiable information is released, the applicant must have obtained ethics approval to seek this information from MRV. In all other circumstances, only re-identifiable materials and data will be provided to applicants. Acknowledgement of this policy must be made in any subsequent publications or presentations.

At no time should the Researcher or his/her staff attempt to establish a link to the patient’s identity if they do not have HREC and MRV approval to do so.

At no time should the patient’s identity or any information that may lead to the patient’s identity appear in any presentation, published journal or report.

At the completion of the project, all unused material must be disposed of as is required by the NHMRC National Statement on Ethical Conduct in Human Research 2007 (chapter 3.4)

All resulting presentations and publications must acknowledge Melanoma Research Victoria and include the VCA statement:

*“This research project was supported by the Victorian Government through the Victorian Cancer Agency Translational Research Program.”*

I agree to abide by the terms and conditions stated

Name of Applicant:

Signature of Applicant: Date: