## BioRepository & Precision Pathology Center (BRPC) Protocol Support Review Form

## **Instructions:**

Please fill out this form completely. Incomplete forms will be returned until all information is provided. Submit the following to the BRPC shared inbox (brpc@duke.edu):

- Protocol Support Review Form (this form)
- Full IRB protocol
- Lab Manual

Protocols are not considered approved for BRPC collaboration until an approval notice has been sent by BRPC.

**NOTE:** If your protocol requires archival tissue collection ONLY, this form is not needed. Please navigate to the BRPC website and fill out the appropriate clinical trial request form when you are ready to submit a request.

Study Fund Code	HUB Code	
Funding Source (select one):	Investigator Initiated	Industry Initiated
protocol support request. If a HUB code is p and will only be used to charge for the proto enrollment in order to use BRPC services.	rovided in lieu of a study f	undcode, the code will not be kept on file
Funding Source Instructions: A study fund of	ondo or a donartmental III	ID code must be submitted at the time of
Number of timepoints per subject		
Anticipated protocol duration		
Anticipated number of subjects		
Study Contact Email		
Study Contact Phone Number		
Study Contact Name		
Duke PI		
Duke IRB Protocol #		
Protocol Nickname / Short Name		
Protocol Title (full):		

please indicate so in the summary portion below.
Will subjects be dually consented to BRPC and this proposed protocol by your study team? yes no
Consent Training
Fresh Tissue Biopsy Collection
Surgical Tissue Collection
Tissue Processing (FFPE, OCT, Media, Cores, etc)
Tissue Storage
Receive Tissue From Outside Source
Ship to Sponsor/Collaborator
Complete Requisition Form
Other
<b>Materials Provided by Study Team:</b> Please indicate all mateirals provided by the study team / sponsor for the services requested above. If no materials are provided, BRPC can provide shipping and collections materials.
Shipping Kit
Tissue Collection Kit
Material's Provided by BRPC

BRPC Requested Service Instructions: Please indicate all services you will be requiring from BRPC for this

proposed protocol. If there are services that are not listed, please indicate them in the section marked "other". If there is something we need to know regarding the protocol that is not indicated the in the protocol or lab manual,

In addition to above, please summarize tissue collection details as well as any other additional information that is not indicated on this form.