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.

**Protocol Title (full):**

**Protocol Nickname / Short Name Duke IRB Protocol #**

**Duke PI**

**Study Contact Name**

**Study Contact Phone Number Study Contact Email Anticipated number of subjects Anticipated protocol duration**

**Funding Source Instructions:** A study fund code or a departmental HUB code must be submitted at the time of protocol support request. If a HUB code is provided in lieu of a study fundcode, the code will not be kept on file

and will only be used to charge for the protocol review fee. The study fundcode will be required prior to opening enrollment in order to use BRPC services.

**Funding Source (select one):**

Investigator Initiated



Industry Initiated

**Study Fund Code HUB Code**



**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, 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**

**Other**

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