**Request for CCTRN Samples**

**Investigator Information**

1. Name of Investigator:
2. Institutional Address:
3. Email/phone information:

**Administrative Information**

1. Administrative Contact:
2. Email/Phone Information:

**Brief Description of the Ancillary Study (maximum 4 pages)**

1. Project Title:
2. Aims:
3. Background Information/Rationale:
4. Hypotheses:
5. Design and Methods:
6. Statistical Considerations:

**Funding Information**

Is the proposed project currently funded? ⬜ Yes ⬜ No

If yes above, please indicate below:

⬜ Institutional

⬜ National Institutes of Health (NIH)

⬜ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is not currently funded, please describe plans for funding:

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Please visit [www.cctrn.org](http://www.cctrn.org) for descriptions of each of the CCTRN studies listed below.

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| --- | --- | --- | --- | --- |
| **BIOSPECIMENS REQUEST** | | | | |
| **CCTRN Study** | **Specimen Type** | **Volume or Cell Number\*** | **Total Number of Samples** | **Include any sample specifications**  **(Fresh, Frozen, etc)** |
| **CONCERT** | **Plasma**  **Serum**  **WBCs/Buffy Coat**  **Bone marrow**  **Peripheral blood**  **Mononuclear Cells (if available)**  **Bone marrow**  **Peripheral blood**  **Buffy Coat DNA**  **Bone marrow**  **Peripheral blood**  **Buffy Coat RNA**  **Bone marrow**  **Peripheral blood** |  |  |  |
| **(quantities vary)**  **Endomyocardial biopsy tissue**  **Cell culture medium**  **Remaining cell product** |  |  |  |
| **SENECA** | **Peripheral blood**  **(cells, plasma, and buffy coat)** |  |  |  |
|  | **Specific characteristics of specimens critical to your research (demographics, etc.):** | | | |

**\*Use the minimum quantities necessary to conduct the proposed research.**

**PLEASE RETURN THE COMPLETED REQUEST FORM TO:** [**BRC@texasheart.org**](mailto:BRC@texasheart.org)