**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_

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

|  |
| --- |
| **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**