



**Biospecimen Requests:** Mayo Clinic’s intent is to share samples as part of a collaborative research project. Under this relationship, Mayo would retain ownership of all samples and would provide oversight until a project is completed and samples are returned or destroyed.

**Instructions:** Complete the following form to initiate the biospecimen request process. This provides the information needed to assess specimen availability and feasibility. Steps: 1) Fill out form; 2) Save form to your computer; and 3) Email form as an attachment to [mvss@mayo.edu](mailto:mvss@mayo.edu).

**Contact Information**

Name <i>(Last, First, Middle)</i>		
Company/Institution Name	Phone	Email

Select the type of sample collection being requested:

**Clinical Residual Waste**     
 **Prospective collection** (with consented subjects); skip to Prospective Collection section, page 2.  
 **PI Archived/Banked Samples**     
 **Unknown/To be determined**

**Clinical Residual Waste, PI Archived/Banked Samples, or Unknown/To Be Determined Collection Type**

Intended use of samples (Provide a brief overview of the project and scientific aims.):

Timeline for obtaining samples:

Sample type, select all that apply:

**Cerebrospinal fluid (CSF)**   
 **Plasma**   
 **Peripheral Blood Mononuclear Cells (PBMC)**   
 **Serum**  
 **Viral or Universal Transport Media**; list acceptable media types:

**Tissue**; if Tissue is selected, skip to the Tissue section, page 3.  
 **Urine**   
 **Whole blood**   
 **Other**, specify:

Disease type:

Are you seeking residual samples from a specific clinical test? Refer to the [Mayo Clinic Laboratories test catalog](#) to confirm the relevant Test Code:

Quantity of samples:

Sample volume:

Requested volume: \_\_\_\_\_ Minimum volume: \_\_\_\_\_

Sample stability:

How old may the samples be?

Storage requirements prior to shipping:

Freeze-thaw requirements (Note: If samples are stored frozen, there will be a minimum of 1 freeze-thaw.):

Shipment requirements:   
 **Frozen**   
 **Refrigerated**   
 **Ambient**  
Note any other stability requirements:

## BioPharma Diagnostics Biospecimen Request (continued)

Will any data be required along with the samples?

- Basic demographics (age and gender)     Medical history data, specify:  
 Other:

Will these samples be used to support an FDA submission?

- Yes, what type:  
 No

Will Informed Consent be required?

- Yes     No     Unknown

Is there any additional information about this request which should be shared?

### Prospective Collection

Study overview:

Study timeline:

Sample type, select all that apply:

- Cerebrospinal fluid (CSF)**     **Plasma**     **Peripheral Blood Mononuclear Cells (PBMC)**     **Serum**  
 **Viral or Universal Transport Media**; list acceptable media types:

- Tissue**; if Tissue is selected, skip to the Tissue section, page 3.  
 **Urine**     **Whole blood**     **Other**, specify:

Requested number of subjects:

Sample volume:

Requested volume:

Minimum volume:

Sample collection details:

- Serial draws     Samples collected prior to treatment     Samples collected post treatment  
 Other:

Sample processing requirements (eg, samples processed within 4 hours):

Sample storage and stability requirements (eg, must be stored within 6 hours of collection, stored frozen, etc.):

Inclusion/Exclusion criteria of subjects:

Inclusion:

Exclusion:

Will any data be required along with the samples?

- Basic demographics (age and gender)     Medical history data, specify:  
 Other:

Is there any additional information about this request which should be shared?

Thank you for this inquiry. A member of the team will be in contact once feasibility has been assessed.

# BioPharma Diagnostics Biospecimen Request (continued)

## Tissue Sample Type

Intended use of samples (Provide a brief overview of the project and scientific aims.):

Study timeline:

Collection type:

- Archived     Prospective

Tissue format:

- FFPE (Formalin Fixed Paraffin Embedded)     Frozen     Other, specify:

Tissue source (eg, brain, liver, pancreas):

Tissue type:

- Normal tissue, specify:  
 Disease-specific tissue, specify:  
 Matched (normal adjacent to disease-specific tissue), specify:

Quantity of samples:

Number of slides per patient:

Staining requirements:

- Unstained     H&E staining     Other, specify:

Amount of tissue per slide:

Sample stability:

How old may the samples be?

Storage requirements prior to shipping:

Freeze-thaw requirements (Note: If samples are stored frozen, there will be a minimum of 1 freeze-thaw):

Shipment requirements:     Frozen     Refrigerated     Ambient

Note any other stability requirements:

Exclusion:

Will any data be required along with the samples?

- Basic demographics (age and gender)     Medical history data, specify:  
 Other:

Is there any additional information about this request which should be shared?

Thank you for this inquiry. A member of the team will be in contact once feasibility has been assessed.