



Requesting Access to Tissue Samples

Bruce McManus Cardiovascular Biobank

ABOUT BIOBANK SAMPLE ACCESS

At the Centre for Heart Lung Innovation, the **Bruce McManus Cardiovascular Biobank** (BMCB) is committed to supporting cardiovascular research. Every effort will be made to provide researchers with requested tissue samples following the demonstration of ethics approval by the applicable **UBC Research Ethics Board**. After internal review by the biobank of the request for its scientific justification, all bio-specimens must be considered precious, and as such, both ethics and scientific reviews are necessary.

SAMPLE ACCESS REQUEST APPROVAL

Allow a minimum of seven days between the tissue sample request and approval process. Please submit the following to BMCB Coordinator:

- Completed **BMCB Sample Access Request Form** (pg. 2-3)
- Ethics Certificate
- Study Protocol and/or Summary

If this is the first time you are requesting (new type of) samples from the BMCB, please refer to the attachment (p.4) to fill out section B.

REVIEW PROCESS & NEXT STEPS

Your application will be assessed by the BMCB director and the HLI BMCB advisory board. Final decisions about access will be made based on the scientific merit of the proposed research and availability of tissue. HLI BMCB tissues are provided on the basis that requested tissue samples may warrant additional costs, including but not limited to collection, processing, and administrative services. A breakdown of these charges will be provided as part of the review process.

Once the request is reviewed and approved, the form will be signed off by the BMCB Coordinator. A copy of the approval form will be provided.

Note: For any future publications, grants, awards, and/or other advancements from the data generated from the requested biobank tissue samples, we request that your group credit the UBC-HLI BMCB with an acknowledgement. Additionally, we require the biobank to review and provide comments on the manuscript before submission.

Please fax or return the completed form to: Room 201 - 1081 Burrard St.



BMCB Sample Access Request Form - Part 1

1.1 USER INFORMATION

DATE:	PRINCIPAL INVESTIGATOR:	
NAME:	PHONE:	EMAIL:
INSTITUTION: <input type="text"/>		
PROJECT TITLE:		
Sponsoring Organization <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit	FUNDING STATUS <input type="checkbox"/> Funded <input type="checkbox"/> Application Under Review <input type="checkbox"/> Preparing for Application	
Sponsor Name:	<input type="checkbox"/> Other (please specify): _____	

1.2 PROJECT INFORMATION

Project Objective & Description <i>(please attach a separate document as needed)</i>	
Sample Usage Goals	
Project End Date <i>(If known)</i>	
REB Title	
REB Number	
REB Approval Date	

1.3 FOR BIOBANK USE ONLY

Request Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
BMCB Coordinator Signature: _____	Signed Date: _____

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BMCB Sample Access Request Form - Part 2

Please indicate all desired criteria of requested samples by **marking the 'X' column**. If the **approximate quantity** of samples is known, please **provide the # for each criterion** in the same column.

2.1 SPECIMEN/PARTICIPANT TYPE		
X	CODE	DESCRIPTION
	BMCB-CS	Tissue from participants undergoing cardiac surgery (excl. transplants)
	BMCB-TX	Tissue from participants undergoing heart transplant surgery
	BMCB-AU	Tissue from participants undergoing autopsy procedure

Please list the diagnoses (use the **diagnosis codes** on p.4), lesions of interest & demographics.

2.2 INCLUSION & EXCLUSION CRITERIA	
INCLUSION	
EXCLUSION	
MATCHING	<i>Please check all that apply.</i> <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> OTHER (specify): :

2.3 SPECIMEN DETAILS				
X	CODE	DESCRIPTION	OCT/FFPE SECTION	
	FF	Flash/snap-frozen, fresh tissue (<i>specify weight</i>)	No. of Slides	
	OCT	OCT compound-embedded	Section Thickness (μm)	
	FFPE	Formalin-fixed paraffin-embedded blocks	No. of Sections	
	RNA	RNA preservative (<i>RNAlater™</i>)	<i>Comments</i>	
	ALT	Other (<i>specify</i>):		
Heart Regions of Interest		<i>Please list the section codes – p.4</i>		

2.4 DATA & INFORMATION		
X	CODE	DESCRIPTION
	DATA-01	Basic demographics, surgery date, primary diagnosis, tissue morphology
	DATA-02	In-depth clinical information including pathology/imaging reports, medication, etc.
	DATA-03	Family history, genetic information (may or may not be available)

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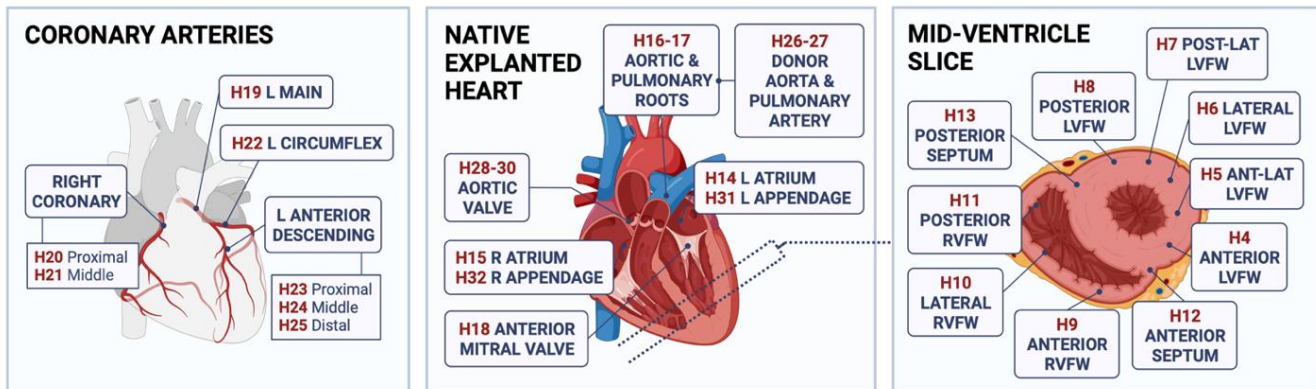
BMCB Sample Access Reference

Below is a non-exhaustive list of common samples and services that the BMCB provides.

- **Available BMCB specimens:**
 - Explanted failed hearts received during heart transplants
 - Explanted heart valves – diseased native, failed mechanical/bioprosthetic
 - Samples extracted during open-heart surgery procedures (ex. septal myectomy, endarterectomy, tumors, atrial appendages, and more)
- **Histopathology:** tissue sections with various coatings, staining, IHC, embedding, etc.

EXPLANTED HEART REGIONS

Cardiac tissue from the regions of the heart labelled below are procured for every explanted heart. Please refer to regions by their **section code (H#)** shown in red.



PATHOLOGY DIAGNOSIS CODES

CMO	Cardiomyopathy (DCM, HCM, RCM...)
CTM	Cardiac tumor/mass
CAV	Cardiac allograft vasculopathy/rejection
CHD	Congenital heart disease (adult)
EPH	Electrophysiological disorders
TOX	Drug/toxicity-related cardiomyopathy
IHD	Ischemic heart disease (incl. CAD)
VAL	Valvular disease
VAS	Vascular/hypertensive disease
INF	Myocarditis/inflammatory heart disease
RHE	Rheumatic heart disease
CTL	Control (normal) hearts

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