

## **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.

Email: Gurpreet.Singhera@hli.ubc.ca Phone: 604-682-2344 ext 63544 Fax: 604-806-8351



# BMCB Sample Access Request Form - Part 1

1.1 USER INFO	DRMATION					
DATE:		PRINCIPAL INV	ESTIGATOR:			
NAME:		PHONE:		EMAIL:		
INSTITUTION:				•		
PROJECT TITLE:						
SPONSORING OF  Non-profit  SPONSOR NAME	For-profit		TUS  n under review  for application	☐ Oth	ner (please spe	cify):
1.2 PROJECT I	NFORMATION					
Project Objectiv	ve & Description	(please attach a	a separate docu	ment as	needed)	
Sample Usage	Goals					
Project End Da	te (If known)					
REB Title						
REB Number			REB Approva	I Date		
If the project requires <b>genetic testing/sequencing</b> , will it involve whole genome sequencing, exome sequencing, or other methods that could reveal sensitive information about the source, such as ancestry or familial relationships?				No		
Do you plan to collaborate with <b>any industries or commercial entities</b> using the biobank samples?			Yes	No		
1.3 FOR BIOBA	ANK USE ONLY					
Request Approved: Yes No						
BMCB Coordinator Signature: Signed Date:						

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

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## **BMCB Sample Access Request Form - Part 2**

Please indicate all desired criteria of requested samples by selecting the participant cohort type of interest. If the approximate quantity of samples is known, please provide the # for each criterion in the same column.

2.1 SPECIMEN/PARTICIPANT TYPE			
Х	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 INCLU	SION/EXCLUSION CRITERIA
INCLUSION	
EXCLUSION	
MATCHING	Please check all that apply.  ☐ AGE ☐ SEX ☐ OTHER (specify):

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

2.4 DATA				
Х	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)		



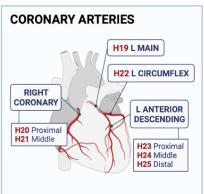
### **BMCB Sample Access - Reference**

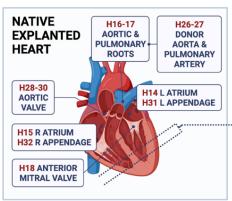
Below is a non-exhaustive list of common samples and services that the BMCB provides.

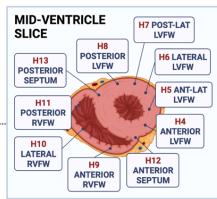
- Available BMCB specimens:
  - Explanted failed hearts received during heart transplants
  - Explanted heart valves diseased native, failed mechanical/bioprosthetic
  - Samples extracted during open-heart surgeries (ex. septal myectomy, endarterectomy, tumors, atrial appendages, and more)
- o **Histopathology**: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

#### **EXPLANTED HEART – SECTION CODES**

Cardiac tissue from the specified regions of the heart, as labeled below, is procured for each explanted heart. Please refer to these regions using the **section codes (H#)** indicated in red. If you require surgically explanted specimens that are not from a whole heart (e.g., excised valves), please indicate this using the code 'H1'.







PATHOLOGY REPORT DIAGNOSIS CODES			
СМО	Cardiomyopathy (DCM, HCM, RCM)		
СТМ	Cardiac tumor/mass		
CAV	Cardiac allograft vasculopathy/rejection		
CHD	Congenital heart disease (adult)		
EPH	Electrophysiological disorders		
тох	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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