



APPENDIX A. Sample Request Form

Title of proposal	
Principal investigator information Send PI biosketch with this form	Name: Position: Institution: Telephone #: Email:
Co-Investigators and institution(s)	
Study rationale and background information	
Study objectives	
Study design	Preliminary data and feasibility: Experimental approach: Name of analyzing lab: Scientific impact:



Approved by: _____ Draft Date: 17 MAR 2023

Analysis plan and justification for sample size	Analysis Plan: Sample size justification:
Describe biosamples requested (e.g., number, antibody status, age, disease severity, concomitant meds, etc) <i>If only clinical data are needed, please describe the requested variables.</i>	Justification for sample volume(s) requested:
Funding Source (select one) Provide proof of funding with this sample request form	Industry: <input type="checkbox"/> Name of sponsor: Federal Grant: <input type="checkbox"/> Name of funding agency and grant #: Patient organization/nonprofit: <input type="checkbox"/> Name of organization: Other: <input type="checkbox"/> Specify:
Status of ethics review provide IRB approval notice with this sample request form	Name of IRB: IRB number (if available):
Study timelines	

Notices for approved proposals:

- Samples may be used only for the uses and in the laboratories noted in this request.
- A materials transfer agreement (MTA) and IRB/ethics committee approval notice are required prior to samples shipment.
- Research using MGNet samples and corresponding clinical information must be performed under approved IRB protocols and in accordance with HIPPA.