

## INFORMATION FOR APPLICANTS FOR ACCESS TO MATERIALS AND/OR INFORMATION FROM THE CTB

- 1: Applications must be made in English. A Russian version may be submitted in addition if required.
- 2: All the forms listed below must be fully completed by the applicants. Assessment of the project will be made only on the information supplied in this application.

3: The application consists of:  
Section A: General information and lay abstract of project

Section B: Personal details for Principal Investigator and Co-investigators

Section C: Project Description

Section D: Evidence that facilities and support are available for the work to be carried out (completed by Principal Investigator)

Section E: Requirements for the proposed study. A minimum data set (tissue bank number, plus the following patient details: sex, date of birth and date of surgery, oblast of residence, together with International Pathology Panel diagnosis will be supplied with each biospecimen. If you require additional data or data only please list the data set required. Ensure that the reasons for requiring this are included in the appropriate sections of the application (e.g. C2 and C3)

Section F: Material Transfer Agreement

Please ensure that all sections are completed – submission of incomplete information will delay processing of your application.

4. Submit applications to  
Dr A Galpine  
Project Manager, Chernobyl Tissue Bank  
Department of Histopathology,  
Imperial College London,  
Hammersmith Hospital  
Du Cane Road  
London W12 0NN  
Email: a.galpine@imperial.ac.uk

Your application will be acknowledged upon receipt. Details of the review process may be obtained from the Secretariat.

**OFFICE USE**  
Date received  
Reference number  
Date circulated  
Approved (Y/N)  
Date PI informed

Principal Investigator's name:



## APPLICATION FOR ACCESS TO MATERIALS AND/OR INFORMATION FROM CTB

### SECTION A: GENERAL INFORMATION

#### A1: CONTACT DETAILS FOR PRINCIPAL INVESTIGATOR

Principal Investigator (Full name and title).....

Principal Investigator's Department: .....

Full postal address: .....

.....

.....Post/Zip code.....

Telephone: .....Fax:.....

(include international dialing code)

Email: .....

Head of Department/Institute .....

Title of Research Project: (not more than 200 characters) .....

.....

.....

Coinvestigators (names and titles) .....

.....

.....

For Office Use only  
Project Reference number

Principal Investigator's name:

**A2. Lay Summary**

Please provide a short lay summary (max 200 words) of the intended research. Please note, this information will be used in CTB reports to funders, IRBs that review the project, in the public Annual Report and on the CTB website so only include information that is not commercially sensitive.

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Principal Investigator's name:

## **SECTION B: PERSONAL DETAILS OF INVESTIGATORS**

Important: Please provide the following details for the Principal Investigator, and each co-investigator. For each listed individual please use separate sheets.

- 1: Name, full postal address of Department and Institution, telephone number and email address
- 2: Short CV – include educational qualifications (date and place), present position and positions held in the past in chronological order
- 3: List up to 10 recent publications relevant to this application
- 4: List up to 5 relevant current or previous grants relevant to this application. For each grant please indicate the source of funding, the value, the duration and list the outcomes of the research, if project completed.



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Principal Investigator's name:

**SECTION D: EVIDENCE THAT FACILITIES AND SUPPORT ARE AVAILABLE FOR THE WORK TO BE CARRIED OUT.**

(a) Has the proposed work been approved for grant funding? Yes/No\*

If yes, attach a copy of the award letter.

(b) Is the proposed work is under consideration for grant support? Yes/No\*

If yes, state the name of the funding body and the date when a decision is expected.

Name of funding organisation: .....

Date when decision expected: .....

(c) Is the proposed work is to be funded from non grant supported sources? Yes/No\*

If yes, attach a statement from the Head of Department that funding is available for the work to be carried out.

(d) For all proposals include a Statement from the Head of Department/Institute that the facilities are available for the work to be carried out.

Please label all attached documents in this section "D" and ensure that the name of the Principal Investigator appears at the top of the document.

\* delete as appropriate

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Principal Investigator's name:

**SECTION E: REQUIREMENTS FOR THE STUDY**

State the number of tumour cases and amounts of material requested, including for each the ideal and the minimum for the project to succeed

State also if material is needed from normal thyroid or blood from the same cases.

	Thyroid tumour		Normal thyroid		Blood	
	Number of cases	Number of aliquots per case	Number of cases	Number of aliquots per case	Number of cases	Amount per case
<b>DNA</b> 3µg aliquots						
<b>RNA</b> 5µg aliquots						

FFPE material (in many cases tumour and normal thyroid will be present on the same slide)

	Number of cases
FFPE sections	

	Number of cases	Number of aliquots
Serum (500 µl aliquots)		

Specify Country of origin (if desired)

Russian Federation  Ukraine

Restrictions on age and sex (if any). Please specify .....

.....

Any other requests .....

.....

Signature of Principal Investigator .....

Please remember that the greater number of samples required, the larger the amounts asked for, or the more complicated the restrictions, the harder it may be to meet the request.



## MATERIAL TRANSFER AGREEMENT

Title of Project (no more than 200 characters) .....

.....  
.....

Duration .....months

Principal Investigator.....

Address . .....

.....

Tel .....Fax.....

email.....

As principal investigator I agree on behalf of all those involved in the project to accept the following conditions relating to the use of material and information from the Chernobyl Tissue Bank

- 1 The recipient/investigator agrees that the materials provided by the Chernobyl Tissue Bank (CTB) will be used only for the purposes specified in this application.
- 2 The recipient agrees not to attempt to obtain information identifying the individuals providing materials to the CTB.
- 3 The recipient agrees that they shall not sell any portion of the materials provided by the CTB, or products directly extracted from these materials (e.g. protein, mRNA or DNA).
- 4 The recipient also agrees that they shall not transfer tissue (or any portion thereof) supplied by the CTB to third parties without the prior written permission of the CTB. Any subsequent transfer that may be made to other parties, with prior agreement from CTB, will require signature of this agreement between the final recipients of the material and the CTB.
- 5 The recipient understands that while the CTB attempts to avoid providing materials that are contaminated with highly infectious agents such as hepatitis and HIV, all materials should be handled as if potentially infectious. The individuals who have supplied tissue to the CTB have not agreed to have clinical tests performed on this tissue (e.g. for the presence of infective agents such as hepatitis), therefore, the recipient agrees not to perform such tests on the materials supplied by the CTB.
- 6 The recipient acknowledges that the institution where the tissue will be used follows the appropriate local regulations for handling human specimens and will instruct their staff to abide by those rules. The recipient further agrees to assume all responsibility for informing and training personnel in the dangers and procedures for safe handling of human materials.
- 7 Materials are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. The CTB accepts no responsibility for any injury (including death), damages or loss that may arise either directly or indirectly from their use.
- 8 Publication of all relevant results is expected; the authorship of papers arising out of the work should include representation of the Eastern European countries involved, and the assistance of the Pathology Panel in confirming the diagnosis should be acknowledged. It is recommended that the following wording is either included in the methods section or in the Acknowledgements at the end of the paper:  
“The authors gratefully acknowledge the confirmation of diagnosis provided by the International Pathology Panel of the Chernobyl Tissue Bank” and the names of the relevant members of the Pathology Panel should be listed. This information can be obtained from the CTB secretariat.

- 9 All results should be documented using the CTB code number. This is particularly important as material from the same tumour may be made available to several researchers.
- 10 A brief report on the work of the project will be made within 3 months of the end of the study. This shall include the results of all investigations carried out on each sample. The report should be sent to the CTB Secretariat for use within the CTB. It will not be otherwise disseminated without the agreement of the Principal Investigator.
- 11 The Principal Investigator's institution agrees to assume all risks and responsibility in connection with the receipt, handling, storage and use of materials from the CTB. It further agrees to indemnify and hold harmless the CTB and the funders of the CTB from any claims costs, damages or expenses resulting from the use of the materials provided by the CTB. The undersigned warrant that they have authority to execute this agreement on behalf of the recipient institution.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

\_\_\_\_\_  
**Typed Name of Principal Investigator**

\_\_\_\_\_  
**Institution**

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date**

UPON RECEIPT OF THESE SIGNED UNDERSTANDINGS AND THE INFORMATION REQUESTED ABOVE, THE CTB WILL CONSIDER THIS REQUEST.