# OSTEOARTHRITIS INITIATIVE
# BIOSPECIMEN REQUEST FORM

| | | | |
|---|---|---|---|
| **Name of Investigator:** | | **Telephone Number:** | |
| **Institution:** | | **Fax Number:** | |
| **Country:** | | **E-mail Address:** | |

1. **Type and quantity of sample requested (refer to the Application Guide for maximum allowable specimen) and at which visit samples were collected:**

| Biospecimen Type | | Number of Samples | Biospecimen Volume per Aliquot | | Biospecimen Collection Visit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **BL** | **12m** | **18m** | **24m** | **30m** | **36m** | **48m** | **72m** |
| ☐ | **Citrate Plasma** | | | uL | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | **EDTA Plasma** | | | uL | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | **Serum** | | | uL | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | **Urine** | | | uL | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | **DNA** | | | ug | ☐* | | | | | | | |
| ☐ | **RNA** | | **PAXgene Tube (1 per request)** | | | ☐* | | | | | ☐* | |
| ☐ | **Buffy EDTA** | | | vials | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | **Buffy Citrate** | | | vials | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**\* Not extracted; investigator must provide funding for extraction.**

2. **Brief sample description, including a brief narrative and a list of OAI sample ID #'s with a group indicator for each participant (e.g., 0=control, 1=case). For each sample type or matched pair requested please provide 1-2 alternative samples in case of insufficient volume. *The narrative and a list of OAI samples may be submitted as separate documents***

3.  **Briefly specify assays planned (for DNA, attach list of genes and SNPs with RS # or another standardized unique identifier):**

4.  **Methodology description (include references or a detailed description if not yet published):**

5.  **Specify for each analyte the quantity of biospecimen <u>per assay</u>, not including replicates or repeats; for example, Assay A: NTXI, 50 uL/assay x 3 for triplicates:**

|  | Assay Name | Quantity of Biospecimen |
|---|---|---|
| **Assay A** |  |  |
| **Assay B** |  |  |
| **Assay C** |  |  |
| **Assay D** |  |  |

6.  **Should samples be aliquoted before sending?**

    **Yes** ☐          **No** ☐

7.  **Number of aliquots per sample:** _____

8.  **Minimum aliquot volume acceptable:** _____

9.  **In general, most samples will have undergone one thaw for sub-aliquoting. Can previously thawed samples be used in proposed analyses? This requirement may limit sample availability.**

    **Yes** ☐          **No** ☐ (If No, please justify below)

10. **Funding Status**

    ☐ **Funding Secured**
    ☐ **Application for funding requires prior approval of this request**
    ☐ **Other** (If Other, please explain below)

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**11. Shipping information for samples:**

| | |
|---|---|
| **Contact Person** | |
| **Telephone Number** | |
| **Fax Number** | |
| **E-mail Address** | |
| **FedEx/Other Shipping #** | |
| **Lab Name** | |
| **Complete Shipping Address** | |
| | |
| | |
| | |
| | |
| | |

**12. Please review and initial each of the following statements:**

**_____**     **I understand that only the assays specified above may be run. If I am interested in running additional assays, I must submit a new application to the OAI Biological Resource Allocation Committee (BRAC).**

**_____**     **I agree to electronically transmit the results from the assays specified above to the NIAMS through KAI Research, Inc. (OAIBiospecimens@kai-research.com) in exchange for decoding of sample barcode numbers to participant ID numbers.**

**_____**     **I will be responsible for all aliquoting, shipping, and re-inventorying costs, including those resulting from sub-aliquoting the sample before shipment. In most cases, only the amount approved will be shipped. If a larger aliquot is shipped (unthawed specimens), I will limit and track the number of thaws and remove no more than the amount approved. All remaining specimen will be returned to the study repository at my cost.**

☐ **I consent to use an electronic signature.**

_____            _____
**Investigator Signature**                                                  **Date**

_____
**Investigator Name**