



OSTEOARTHRITIS INITIATIVE BIOSPECIMEN REQUEST FORM

BRAC Reference #:

Telephone number:

Name of investigator:

Fax number:

Institution:

E-mail address:

Country:

1. Type and quantity of sample requested (refer to BRAC application for maximum allowable specimen) and at which visit specimens were collected:

		Visits Specimens were Collected							
		Baseline	12-mo	18-mo	24-mo	30-mo	36-mo	48-mo	72-mo
Citrated plasma	UL								
EDTA plasma	UL								
Serum	UL								
Urine	UL								
DNA	UL		*	*	*	*	*	*	*
RNA	UL	*					*		

* Not extracted; investigator must provide funding for extraction.

2. Participant sample description (include brief narrative). Investigator is responsible for providing list of OAI participant ID #'s and a group indicator for each participant, e.g., 0=control, 1=case.

3. Assays planned (be specific; for DNA, attach list of genes and SNPs with RS # or other 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 per assay, 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. Can previously thawed samples be used? In general, most samples will have undergone one thaw for sub-aliquoting.

Yes No

7. Sample shipping address and contact:

FedEx account # to be charged for shipment:

Name of laboratory:

Contact person:

Telephone number:

Fax number:

E-mail address:

Shipping address:

Street address

City

State

Country

Postal or Zip Code

8. Contact information for person who will transfer assay result(s) to the OAI Coordinating Center at UCSF:

Name:

E-mail address:

Telephone number:

