Lunenfeld-Tanenbaum Research Institute
MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex

Research Centre for Women's and Infants' Health BioBank
Lunenfeld-Tanenbaum Research Institute
http://biobank.lunenfeld.ca
rcwih.biobank@lunenfeld.ca
60 Murray Street, Toronto, Ontario, Canada, M5T 3L9

RCWIH BioBank Collection Service & Sample Request Application

Instructions for completion: *All research programs requesting provision of placental and fetal tissues collected by the Research Centre for Women's and Infants' Health BioBank are required to complete the RCWIH BioBank Collection Services & Sample Request form. Please submit the following information and provide completed Contact Profiles for all study members designated to request and/or receive collected samples. Any questions regarding the completion of these forms should be directed to RCWIH BioBank Management at rcwih.biobank@lunenfeld.ca.*

Please note that investigators are also required to complete the following two forms and to have local institutional ethics approval prior to receiving samples from the RCWIH BioBank (please contact RCWIH BioBank management for fillable versions of these forms).

☐ ***Mount Sinai Hospital Research Ethics Board Application for the Use of Human Tissue/Blood/Body Fluid for Research Purposes***

Date submitted/approved: _____

☐***RCWIH BioBank Material Transfer Agreement***

Date submitted/approved: _____

Please provide contact information for the Institutional Department responsible for signing of this MTA:

Department Name: _____

Staff contact name: _____ *Phone number:*_____

Email address: _____

☐***Recipient Institutional Research Ethics Approval***
– Please attach copy of approval letter for our records.

Project Title: _____

_____

Primary Investigator Name & Institution: _____

Co-Investigator Names and Institutions:

1)_____ 2) _____

3)_____ 4)_____

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Billing Contact (if different than PI)

Last Name: _____

First Name: _____

Salutation/Title: _____

Institution: _____

Department: _____

Address: _____

_____

City: _____

Province/State: _____ Country: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Payment method: _____

Courier Account information: _____

Max. value of single transaction: _____

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Contact Profiles: *Please identify all researchers involved in this study who are expected to submit requests for, and/or receive samples collected by the RCWIH BioBank (please list as many as applicable)*

Last Name: _____

First Name: _____

Salutation/Title: _____

Institution: _____

Department: _____

Address: _____

_____

City: _____

Province/State: _____ Country: _____

Postal Code: _____

Office Tel.: _____ Lab Tel.: _____

Alternate Tel.: _____

Fax: _____ Pager: _____

Email: _____

Authorized by PI to: Submit sample requests Receive collected samples

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Patient Populations Included in Study: *Please identify the patient populations/conditions of interest for the study (e.g. preeclampsia, intrauterine growth restriction, Type I diabetes, age-matched controls, etc.)*

_____ _____ _____

_____ _____ _____

Samples Requested: *Please provide a general description of the samples required for the study.*

Placenta

- ☐ Whole, unprocessed
- ☐ Fresh, processed (*in PBS or media*)
- ☐ Snap-frozen
- ☐ Paraformaldehyde-fixed
- ☐ OCT-embedded (frozen)
- ☐ RNA*later (supplied by user)*
- ☐ AllProtect *(supplied by user)*
- ☐ Other (*please specify*):

Other (*if applicable, please specify processing method requested*):

- ☐ Umbilical cord blood
- ☐ Umbilical cord
- ☐ Fetal membranes
- ☐ Decidua
- ☐ Fetal organs (*please specify*):
- ☐ Other (*please specify*):

Parental specimens

- ☐ Maternal saliva
- ☐ Maternal blood
- ☐ Maternal buccal swab
- ☐ Other (*please specify*):
- ☐ Paternal saliva
- ☐ Paternal blood
- ☐ Paternal buccal swab

Anticipated quantity of samples *(per group)*: _____

(if ongoing, specify quantity per week/month)

Sample collection, storage and shipment conditions: *Please indicate any conditions or constraints that apply to the day/time of sample collection, details for short- or long-term storage of the samples, and the expected method and frequency for sample transfer/shipment.*

_____

_____

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Exclusion criteria checklist

To assist in the identification of suitable candidates for your research study please complete the form below, if applicable (please complete a **separate checklist for each unique patient group** within the study).

Investigator: _____ **Date:** _____

Person placing request: _____

1. Patient group (*please select applicable group(s)*):

- ☐ Term control
- ☐ Preterm control
- ☐ Intrauterine Growth Restriction (IUGR)
- ☐ Preeclampsia
- ☐ Twin pregnancy
  - *If applicable please specify*: ☐ McMa ☐ McDa ☐ DcDa
- ☐ Diabetes
  - *If applicable please specify*: ☐ Type I ☐ Type II ☐ GDM ☐ Insulin-dependent ☐ Diet-dependent
- ☐ Elevated BMI
- ☐ Placenta previa
- ☐ Systemic Lupus Erythematosus/Antiphospholipid Antibody Syndrome
- ☐ Assisted Reproductive Technology (ART)
- ☐ Other (*please specify*): _____

2. Gestational age (*please indicate the criteria for the gestational age (at delivery) for the patient group identified in Section 1*):

- ☐ All gestational ages
- ☐ Term (≥ 37 weeks + 0 days)
- ☐ Preterm (≤ 36 weeks + 6 days)
- ☐ ≤ 33 weeks + 6 days
- ☐ First trimester (≤ 12 weeks + 6 days)
- ☐ Second trimester (13 weeks + 0 days to 25 weeks + 6 days)
- ☐ Third trimester (26 weeks + 0 days to term)
- ☐ Other (please specify):

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3. Exclusion criteria (*please select **all exclusion criteria that apply** to the patient group identified in Section 1*):

MATERNAL CONDITIONS

Endocrine
- ☐ Hypothyroidism (non-medicated)
- ☐ Hypothyroidism (medicated)
- ☐ Hyperthyroidism
- ☐ Gestational diabetes (diet-dependent)
- ☐ Gestational diabetes (insulin-dependent)
- ☐ Type I DM
- ☐ Type II DM
- ☐ Cushing disease
- ☐ Other (*please specify*):

Cardiovascular
- ☐ Essential hypertension (non-medicated)
- ☐ Essential hypertension (medicated)
- ☐ Pregnancy-induced hypertension (PIH, non-medicated)
- ☐ Pregnancy-induced hypertension (PIH, medicated)
- ☐ Mitral valve prolapse
- ☐ Congenital heart defects
- ☐ Arrhythmias
- ☐ Rheumatic fever
- ☐ History of deep vein thrombosis (DVT)
- ☐ Other (*please specify*):

Hematological
- ☐ Thalassemia
- ☐ Sickle cell anemia
- ☐ Anemia
- ☐ von Willebrand disease
- ☐ Immunothrombocytopenia (ITP)
- ☐ Other (*please specify*):

Neurological/Psychological
- ☐ Multiple Sclerosis
- ☐ Anxiety/Depression (non-medicated)
- ☐ Anxiety/Depression (medicated)
- ☐ Schizophrenia
- ☐ Epilepsy
- ☐ Bipolar (medicated)
- ☐ Other (*please specify*):

Respiratory
- ☐ Asthma (non-medicated)
- ☐ Asthma (medicated)
- ☐ Other (*please specify*):

Inflammatory/Autoimmune
- ☐ Systemic Lupus Erythematosus
- ☐ Antiphospholipid Antibody Syndrome
- ☐ Rheumatoid arthritis
- ☐ Crohn's disease
- ☐ Ulcerative colitis
- ☐ Colitis
- ☐ Irritable bowel syndrome (IBS)
- ☐ Other (*please specify*):

Renal/Hepatic
- ☐ Gallstones
- ☐ Kidney stones
- ☐ Renal disease
- ☐ Liver disease
- ☐ Other (*please specify*):

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Infections

- ☐ Chorioamnionitis
- ☐ Group B Streptococcus
- ☐ Sexually transmitted diseases
- ☐ Gastritis
- ☐ Uterine tract infections (UTI)
- ☐ Yeast infections
- ☐ H1N1 (*during pregnancy*)
- ☐ Other (*please specify*):

Other

- ☐ Fibromyalgia
- ☐ Recovered from a previous diagnosis of cancer
- ☐ Smoking (prior to pregnancy)
- ☐ Smoking (during pregnancy)
- ☐ Documented recreational drug use (prior to pregnancy)
- ☐ Documented recreational drug use (during pregnancy)
- ☐ Alcohol consumption (during pregnancy)
- ☐ Elevated BMI (Specify range:_____)
- ☐ **H**emolysis **E**levated **L**iver **E**nzymes **L**ow **P**latelets (HELLP)

Reproductive

- ☐ Cholestasis of pregnancy
- ☐ Polycystic ovarian syndrome (PCOS)
- ☐ Fibroids
- ☐ Cervical polyps
- ☐ Placenta previa
- ☐ Placenta increta/percreta
- ☐ Placental abruption
- ☐ Antepartum hemorrhage
- ☐ Recurrent fetal loss/stillbirths
- ☐ Pelvic inflammatory disease (PID)
- ☐ IVF (donor egg)
- ☐ IVF (donor sperm)
- ☐ PPROM for greater than 24 hours
- ☐ Other (*please specify*):

FETAL CONDITIONS

Sex

- ☐ Male
- ☐ Female

Anomalies

- ☐ Chromosomal abnormalities
- ☐ Cardiovascular defects
- ☐ Musculoskeletal defects
- ☐ Gastrointestinal defects
- ☐ Genitourinary
- ☐ Nervous system defects
- ☐ Other (*please specify*):

Multiple gestations

- ☐ Twin-to-twin transfusion syndrome (TTTS)
- ☐ Monochorionic/Monoamniotic twins
- ☐ Monochorionic/Diamniotic twins
- ☐ Dichorionic/Diamniotic twins
- ☐ Discordant growth
- ☐ Higher multiples (triplets, quadruplets)
- ☐ Multiples reduced to twins or singletons
- ☐ Other (*please specify*):