



The Australian  
Pancreatic Cancer  
Genome Initiative<sup>1</sup>

## APGI BioResource Request Form

Application for Access to APGI BioSpecimens & Data

<sup>1</sup> | Incorporating the New South Wales Pancreatic Cancer Network (NSWPCN)  
& The Australian Familial Pancreatic Cancer Cohort (AFPACC)

**APGI OFFICE USE ONLY:**

Project ID: TB\_ \_\_\_\_\_

Request Date: \_\_\_\_\_ Sent for Review:  Yes  N/A Approval Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Instructions to applicants

This form has five sections (A-E). Section A, B and E are compulsory and must be completed in full. Sections B and C may be completed depending on your application needs. Some of the BioSpecimens and data are restricted as per terms of ethical approval. Please ensure you consult and familiarise yourself with the BioSpecimen and Data Access Policy and guidelines on the website: [www.pancreaticcancer.net.au/research/the-apgi-bioresource/Accessing-APGI-Bioresource](http://www.pancreaticcancer.net.au/research/the-apgi-bioresource/Accessing-APGI-Bioresource). At the end of this form indicate whether you agree to be bound by this policy and the Controlled Data Requirements. Upon completion, please email your paperwork (PDF format), including your supporting documents such as ethics approval, to [research@pancreaticcancer.net.au](mailto:research@pancreaticcancer.net.au). Please include a short summary of your request in the email body text.

### Section A – Applicant Details

For the purpose of this project.

#### A.1. Name of Applicant

If applicant is requesting ICGC BioSpecimens (including Tissue Microarrays), applicant must be a Principal Investigator or Chief Scientific Officer.

Title:                      First Name:                      Middle Name:  
Last Name:                      Suffix:

#### A.2. Primary Affiliation

Position Title:

Group:

Primary Affiliation:

Institution Website:

#### A.3. Contact Information

Institution:

Address:

Telephone:

Institutional Email Address:

#### A.4. Principal Investigator Details

Please only complete if different from above. The Principal Investigator will be classed as the authorized institutional representative to ensure adherence to policies.

Name:

Group:

Primary Affiliation:

Institution Website:

**A.5. Names of Authorised Personnel or Students (within your institution)**

Please include all investigators, collaborators and research staff who will have access to APGI controlled data in order to work on the project. Please include an additional page if further names are to be provided.

1) Name: Group:

Primary Affiliation:

Institution Website:

2) Name: Group:

Primary Affiliation:

Institution Website:

3) Name: Group:

Primary Affiliation:

Institution Website:

4) Name: Group:

Primary Affiliation:

Institution Website:

5) Name: Group:

Primary Affiliation:

Institution Website:

6) Name: Group:

Primary Affiliation:

Institution Website:

7) Name: Group:

Primary Affiliation:

Institution Website:

8) Name: Group:

Primary Affiliation:

Institution Website:

9) Name: Group:

Primary Affiliation:

Institution Website:

## Section B – Project Details

The project must be a cancer-related research project.

### **B.1. Project Information**

Project Title:

Project Website:

Planned Project Duration:

### **B.2. Project Description (scientific abstract)**

Please provide a clear description of the project and its specific aims in no more than 500 words.

### **B.3. Publications**

List three (3) relevant publications in which you were an author or co-author.

1) Title:

Journal:

DOI:

2) Title:

Journal:

DOI:

3) Title:

Journal:

DOI:

### **B.4. Project Lay Summary**

Please provide a short, jargon-free description of the project for the general public in no more than 150 words. This summary may be published on our website.

### **B.5. Methodology**

Please provide a detailed analysis plan of your methods including a statistical plan if using data, and technical and scientific methodologies if using BioSpecimens.

## Section C – BioSpecimen Access

I do not require access to APGI BioSpecimens. Go to Section D.

I require access to APGI BioSpecimens. Please complete the following:

### C.1. BioSpecimen Type & Quantity

Elaborate your requirements as thoroughly as possible so we can assess BioSpecimen type and availability that best suit your needs. Please refer to the BioSpecimen Availability Summary on our website to see an updated list of available BioSpecimens: [www.pancreaticcancer.net.au/research/the-apgi-bioresource/apgi-biospecimens-clinical-data](http://www.pancreaticcancer.net.au/research/the-apgi-bioresource/apgi-biospecimens-clinical-data).

1) Sample Type:    TMA        FFPE        Tissue        Blood        Analyte        Cell Line        Image

Cohort:

Quantity:

Description:

2) Sample Type:    TMA        FFPE        Tissue        Blood        Analyte        Cell Line        Image

Cohort:

Quantity:

Description:

3) Sample Type:    TMA        FFPE        Tissue        Blood        Analyte        Cell Line        Image

Cohort:

Quantity:

Description:

4) Sample Type:    TMA        FFPE        Tissue        Blood        Analyte        Cell Line        Image

Cohort:

Quantity:

Description:

5) Sample Type:    TMA        FFPE        Tissue        Blood        Analyte        Cell Line        Image

Cohort:

Quantity:

Description:

## C.2. Justification for Number of Cases Required

If relevant, please provide a statistical power analysis.

## C.3. BioSpecimen Collection

Pickup.

Courier. Please complete the following:

As outlined in the BioSpecimen & Data Policy, the APGI does not pay for shipping. Assistance with arranging couriers is available (where possible). We will contact you to confirm dates however it is preferable for shipments to depart on a Monday or Tuesday.

Courier Company:

Account Number:

Reference:

Contact Name:

Telephone:

Institution:

Address:

City:

State:

Post Code:

Country:

## Section D – Clinical Data Access

I do not require access to APGI clinical data. Go to Section E.

I require access to APGI clinical data. Please complete the following:

### **D.1. Datapoints to be Extracted**

Please list the clinical data points to be extracted. Where relevant, please provide a brief description of what you require. Some data may not be available or is under restricted access. Please refer to the BioSpecimen & Data Access Policy for more information: [www.pancreaticcancer.net.au/files/apgi-tissue-access-policy-0614](http://www.pancreaticcancer.net.au/files/apgi-tissue-access-policy-0614).



## Section E – Ethics

**This section must be completed to be eligible for submission.**

### **E.1. Ethics Summary**

The APGI is ethically approved for the collection and curation of the BioSpecimens available for request. All individual projects must have their own ethics approval for the conduct of the project under consideration.

The APGI is not responsible for the ethics approval/monitoring of individual research projects and bear no responsibility for investigator's failure to comply with local and national ethical requirements.

This project has been reviewed by an institutional review committee that has been formally designated to approve and/or monitor research involving humans with the aim of protecting the rights and welfare of the research participants. The approval letter/s is/are attached (an institutional number should also be provided if available).

Ethics has been waived. A letter is attached, signed by the institutional review ethics committee.

Neither of the above apply, please justify:

### **E.2. APGI Controlled Data Requirements**

Access to APGI clinical data is a procedure that entails legal and ethical obligations. We require that you and your institution have a modern, up to date, information technology (IT) policy in place that must minimally include the following items:

- Logging and auditing of access to data and to computer network
- Password protection to computer network
- Virus and Malware protection to computers on computer network
- Auditable Data destruction procedure, when necessary
- Secure data backup procedure, when necessary

**You must agree to the following procedures in order to have access to APGI controlled data:**

I will keep all computer systems on which APGI controlled access data reside, or which provide access to such data, up to date with respect to software patches and antivirus file definitions (if applicable).

YES

I will protect APGI Controlled Access Data against disclosure to unauthorized individuals.

YES

I will monitor and control which individuals have access to APGI Controlled Access Data.

YES

I will destroy all copies of APGI Controlled Access Data in accordance with the terms and conditions of this agreement.

YES

I will familiarize all individuals who have access to APGI Controlled Datasets with the restrictions on its use.

YES

I agree to swiftly provide a copy of both my institutional and project related IT policy documents upon request from an APGI representative.

YES

**I have read and agree to abide by the terms and conditions outlined in this agreement and the BioSpecimen & Data Access Policy?**

YES

**Applicant name & signature:**