

Feasibility/Pilot Study Letter of Intent (LOI)

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For NCI Use Only

Approved: _____	Date: _____
Comments:	

The Feasibility/Pilot Study LOI is designed for studies in which a minimal amount of biospecimens (up to 20) are needed for test development, quality control, and/or preliminary research. The Feasibility/Pilot Study LOI allows a researcher to request up to 20 specimens on a **one-time** basis for a particular study.

A. Study Design

Provide a brief description of the study. Include the following:

1. Title of Project
2. Hypothesis- Clearly state the question to be addressed.
3. Experimental Approach - Types of assays to be performed, markers to be measured, tissue requirements, data requirements (clinical, pathological, and outcome data) and a justification of the choice of markers, methods, and tissue needs.

Project Title: _____

Brief Description of Project: _____

B. Biospecimen Criteria:

Type of Specimen	Quantity and Volume	Additional Biospecimen Criteria

C. Agreement of Use and Acknowledgement

The recipient/investigator hereby agrees that the biospecimens provided by the NCI's AIDS and Cancer Specimen Resource will be used only for the purposes specified in this Letter of Intent (LOI). The recipient agrees that he/she shall not transfer biospecimens (or a portion thereof) supplied by the ACSR to third parties, without the **prior** written permission of the ACSR. The investigator further agrees that this is a one-time only request, and understands that he/she is expected to complete and submit a full application to the ACSR if further biospecimens are needed. The investigator certifies that they have the requisite institutional approvals necessary to conduct this research. He/she will provide a progress report to the ACSR within 6 months after receipt of specimen. The recipient agrees to make the study results available to the scientific/research community and to acknowledge the contributions of the ACSR in all abstracts, presentations, publications, grants, and patents resulting from the use of these biospecimens.

Investigator's Signature

Investigator's Printed Name

Title

Date

Investigator Contact Information	
Institution: _____	
Department: _____	
Telephone: _____	Fax: _____
Email: _____	
Co-Investigator Name: _____	
Mailing/Shipping Address: _____	

