

**I. Investigator Data**

A. Principal Investigator: \_\_\_\_\_

Title: \_\_\_\_\_

Name and Title of Co-Investigator or other collaborators: \_\_\_\_\_

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Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you or your co-investigators, previously submitted an inquiry with the ACSR?      Yes      No

Did that inquiry lead to the submission of an LOI?      Yes      No

If the LOI was not approved, is this submission a revision of your original LOI?      Yes      No

Is this LOI to continue a study related to a previously approved LOI?      Yes      No

If yes, have you recently submitted a progress report to the ACSR?      Yes      No

How did you learn about the ACSR? \_\_\_\_\_

**B. Shipping Address (If different from above)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and E-mail address of Shipping Contact:  
\_\_\_\_\_

Phone\*: \_\_\_\_\_

**\*24 hour number required for Biological Hazardous Material**

**AIDS AND CANCER SPECIMEN RESOURCE  
LETTER OF INTENT**

**II. Study Design**

A. Provide a brief description of the study, not to exceed 3 pages of text. Include the following sections:

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.
4. Statistical Analysis - What analytical techniques will be applied, including power calculations to justify the numbers of specimens requested.
5. Significance - Why the study is important.
6. Biographical Sketch - NIH format – limit 4 pages.

B. Biospecimen Criteria: In order for the ACSR to provide biospecimens of the highest quality, each investigator is required to complete the following detailed request. The investigator should indicate the type and amount of biospecimens needed, describe the storage and transfer conditions (e.g. media, snap freezing and sterility requirements) and specify limiting factors (e.g. age, sex, etc.).

Type of Biospecimen	Quantity and Volume	Additional Biospecimen Criteria

Biospecimens will be provided to investigators according to availability and priorities recommended by the Research Evaluation and Decision Panel (REDP) and the ACSR biostatistician. Investigators should be careful not to request samples that are in excess of that required to accomplish the study. This may lead to a denial of the request.

**III. IRB Information**

The ACSR policy requires all researchers using ACSR biospecimens to follow the “Common Rule”. The ACSR does not provide patient identity or other identifiers to investigators. All biospecimens are either anonymized, de-identified, or are part of a limited data set. This ensures complete confidentiality regarding medical information of patients.

Attach copy of IRB approval or exemption letter to LOI

**IV. Funding Information:**

Biospecimens are provided to investigators with the following funding:

1. Peer reviewed funded investigators (including Federal and National laboratories)
2. New investigators and academic investigators developing new research projects.
3. Other investigators including private entities

Please include your major research grant. Institutional and other funding sources may be listed. If you are currently unfunded, please indicate below:

Funding Source: \_\_\_\_\_

Grant #: \_\_\_\_\_

Period of support: from \_\_\_\_\_ to \_\_\_\_\_

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Active or Pending? Active Pending (submission date: \_\_\_\_\_ )

BY MY SIGNATURE I ATTEST THAT THE ABOVE INFORMATION IS TRUE

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Typed Name of Recipient	Name of Institution	Typed Name of Official Authorized to Sign for the Institution
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Signature of Recipient	Date	Signature of Official Authorized to Sign for Institution	Date
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UPON RECEIPT OF THIS SIGNED APPLICATION AND THE INFORMATION REQUESTED ABOVE, THE AIDS AND CANCER SPECIMEN RESOURCE WILL CONSIDER THIS REQUEST AND ANY FUTURE REQUESTS FOR BIOSPECIMENS.

For specific questions about your LOI please contact Ms Debra Garcia at 415-206-5268 or [codcc@acsr.ucsf.edu](mailto:codcc@acsr.ucsf.edu).

Send completed forms to:

Debra Leiolani Garcia  
Operations Director  
ACSR Central Operations and Data Coordinating Center (CODCC)  
1001 Potrero Avenue  
Building 3, Room 207  
San Francisco, CA 94110

Email: [codcc@acsr.ucsf.edu](mailto:codcc@acsr.ucsf.edu)

Tel: (415) 206-5268

Fax: (415) 206-3765