Biorepository Registration: Pitt Biorepository Database

*****NOTE: This form is provided for informational purposes only. Biorepository Registration must be completed on www.pbd.pitt.edu; select "Add a Collection".**

Before you start: If you have already registered your biorepository or are uncertain whether or not you have done so, please go to the Pitt Biorepository Database and perform a search. If you have questions or would like to update your current registration record or add a new biorepository record, then you may contact the PBD Administrators to get a link.

Registration of your biorepository is mandatory; MTA requests will not be approved without completion of this process. When you register your biorepository here, the data are included in the Pitt Biorepository Database (PBD). Inclusion of your biorepository data in this database is not implicit agreement on your part to share samples or collaborate with anyone.

Your Biorepository ID# will be emailed to you within 48 hours of completion of the registration. If you already registered your biorepository and do not have the id number, you may obtain it at www.pbd.pitt.edu (accessible only from Pitt and UPMC computer networks). If you need assistance or a more rapid response, then contact the PBD Administrators at rsrchres@pitt.edu.

Do you currently have a biorepository (stored biological specimens) located at the University of Pittsburgh?	◯ Yes ◯ No (If you do not have a biorepository at the University of Pittsburgh, no further response is needed.)

Investigator Information

Principal Investigator or Faculty Member in Charge	_____ (The name of the faculty member who is currently responsible for the biorepository. This is the person who will make decisions about collaborative use of the samples.)
Department or Division	_____ (University of Pittsburgh department or division affiliation of PI.)
Email	_____ (PI Email address.)
Additional information	_____ (Is there any additional information about the Principal Investigator or biorepository that you want to share.)
Research Interests of PI	_____ (Consider including a URL that could help a potential collaborator understand the research conducted by the PI.)
Additional Contact	◯ Yes ◯ No (Is there another contact who can make decisions about the sharing of samples in the biorepository or who can assist with directing a potential collaborator that you want to list.)
Role of Additional Contact	◯ Co-Principal Investigator ◯ Laboratory Manager ◯ Program Director

◯ Biorepository Contact
◯ Other
(What is the role of the additional named contact.)

Additional PI or designated contact.

_____
(This may be a CoPI who can make decisions about collaborative use of the samples or a contact person whom the PI has designated to manage the collection.)

Department or Division of Additional Contact

_____

Email of Additional Contact

_____

About Your Biorepository

Please complete this part of the biorepository registration for your primary collection. If you have more than one collection, you will be provided with the opportunity to add an entry for each additional collection.

Collection information

Collection Name

_____

Goal of Collection

_____
(Why was the collection started? What diseases or conditions was the collection created to study or it used to study currently? This helps a potential collaborator understand what kinds of samples and information might be present. e.g., Genetics of diabetes; diagnosis of cancer; psychiatric disorders.)

Is This a Consortium Biorepository?
(Is this biorepository the result of a multicenter trial or consortium effort?)

◯ Yes ◯ No

Collection Start – Year

_____
(The approximate year that you started collecting samples)

Collection End

_____
(The approximate year that you stopped collecting samples or select "Ongoing.")

Biorepository Location(s) (building and room number)

_____
(Please enter the physical location of the biorepository. If it is held in multiple rooms, then please enter all of them. If the biorepository is held by a centralized Biobank then provide the name of that entity.)

Species from Which the Samples Originated
(Select all that apply.)

☐ Human ☐ Mouse ☐ Rat ☐ Monkey ☐ Other

Other Species

(List other species in your biorepository that were not on the list.)

Sample Information

How many different solid tissue sources are being entered? (Liver, eye, ligament) Use later fields to enter Blood and other non-solid sources.

(Based on the number that you enter, fields will appear that allow you to list up to 10 solid tissue sources. Use the highest ontology level appropriate (e.g., small intestine rather than duodenum). Type a zero if you have no solid tissues sources.)

Solid Tissue Source 1

(Solid tissue sources from which samples originated. Autofill features will appear once you start typing.)

Solid Tissue Source 2

(Solid tissue sources from which samples originated.)

(Can enter up to 10)

Additional Solid Tissue Sources (Optional)

(Enter additional solid tissue sources and sources that were not available in the ontology for the numbered Solid Tissue Source fields.)

(Non-Solid Tissue) Sample Sources
(Non-solid sample sources that are stored. Select all that apply.)

☐ Blood ☐ Urine ☐ CSF ☐ Ascites ☐ Hair ☐ Saliva ☐ Buccal swab ☐ Fecal
☐ Other ☐ N/A

Additional (Non-Solid Tissue) Sample Sources

(List other sample sources in your biorepository not included in the check box list.)

Derivatives and Isolates
(Types of Derivatives and isolates that are stored. Select all that apply.)

☐ Whole Blood ☐ DNA ☐ RNA ☐ Plasma ☐ serum ☐ PBMC ☐ Buffy Coat ☐ Organoids
☐ Cell lines ☐ Other ☐ N/A

Other Derivatives or Isolates

(List other derivatives or isolates in your biorepository not included in the check box list.)

Storage Conditions

(Note storage conditions that are important or specialized that will help a potential collaborator understand your collection. E.g. Viable cells in LN2, Tissue frozen at -80 with matching FFPE)

Cohort Size (Number of Cases, Patients, or subjects)

_____
(Approximate number of unique patients or subjects.)

Biorepository Size (Total number of specimens, samples, & aliquots in the collection.)

_____
(Approximate number of samples or aliquots in the biorepository.)

Biological Models and Data
(Have you created any biological models or performed significant analyses utilizing research subjects or samples from this biorepository?)

☐ Induced Pluripotent Stem Cells ☐ Patient Derived Xenograft model ☐ DNA/RNA Sequencing
☐ Microbiome Analysis ☐ Proteomic Analysis ☐ Metabolomic Analysis ☐ Histological Characterization
☐ Other ☐ N/A

Other Biological Models and Data
(Name the other biological models or data types.)

Model and Data Details
(Add relevant details of the types of samples that are associated with any biological models or data types named above.)

Human Sample Collections

Human Sample Collection ◯ Yes ◯ No

Clinical Data Available ◯ Yes ◯ No
(Are there clinical data from the patient's medical record available?)

Study subject age ranges that you select for sample collection.
(Select all that apply.)

☐ Fetal ☐ Neo-natal (0-1mo) ☐ Pediatric (1 month -18 years old) ☐ Adult (19 to 65 years old)
☐ Geriatric (greater than 65 years old) ☐ N/A

Was an IRB protocol used for sample collection? ◯ Yes ◯ No
(An IRB protocol and consent is required when a sample is being collected from a Human Subject. Answer "Yes" if the collection includes samples consented under an IRB protocol.)

IRB Principal Investigator and Protocol #

_____
(Include the name of Principal Investigator from the IRB consent and the associated protocol number used to collect samples for the biorepository. List all that apply.)

Patient Identifiers Available ◯ Yes ◯ No
(Can you link to a unique patient clinical identifier?)

Is recontact allowed? ◯ Yes ◯ No
(Answer "Yes" if any IRB consent associated with this biorepository allowed for recontact of the research subjects.)

Was a CORID protocol used for sample collection? ◯ Yes ◯ No

(A CORID protocol and consent is required when a sample is being collected from a decedent (dead person). Answer "Yes" if the collection includes samples consented under a CORID protocol.)

Decedents (Percent)

_____
(What approximate percentage of samples collected in the biorepository are collected under a CORID protocol?)

CORID PI and Protocol#

_____
(Include the name of the Principal Investigator from the CORID protocol and the associated protocol number used to collect samples for the biorepository. List all that apply.)

Familial Collections

◯ Yes ◯ No
(Do you collect samples from multiple related family members and keep pedigrees?)

Use Limitations

_____
(Are there any limitations to use based on consent or IRB, e.g., Disease specific research, genetic analysis allowed or not, etc.)

Additional Information

Additional Notes

_____
(Is there anything else about the collection that a potential collaborator should know?)

Date of most recent data updates.

_____
(The approximate date for which the data entered are a representation of the contents of your biorepository? This date will be changed for ongoing collections to identify how up to date the data are.)