**Dartmouth Molecular Epidemiology Biorepository Project Planning Form**

To assist with the process of identifying the full scope of your Biorepository needs, as well as to appropriately estimate timelines and costs, please complete the Biorepository Project Planning Form with as much detail as you can provide. Please submit the form, with the requested attachments, to Tom Palys.

1. Can you provide the project description or research plan? Choose an item.
   1. If your grant is funded:
      1. In what month and year does the grant end? Click or tap here to enter text.
      2. Please include the timeline when you return this form.
2. What is the sample type(s)? Click or tap here to enter text.
   1. How many samples of each type? Click or tap here to enter text.
   2. What is the frequency of collection (i.e., how frequently will the Biorepository receive this type of sample)? Click or tap here to enter text.
3. Is this a new collection? (i.e., you are not using archived samples. Note that the Biorepository does not collect samples.) Choose an item.
4. Is there an existing protocol for collection and processing samples? Choose an item.
   1. If yes, please include the protocol with this request form.
   2. If yes, is the protocol currently active? Choose an item.
      1. If so, please provide the contact information of the lab point of contact performing the protocol so we may discuss the protocol. Click or tap here to enter text.
5. Is a pilot experiment needed? Choose an item.
6. Are specimen processing services needed? Choose an item.
   1. If yes, please describe the general processing needs. Click or tap here to enter text.
   2. Will primary processing include aliquots? Choose an item.
   3. If yes, please describe the specific primary processing needs (blood fractionation, aliquot volume, aliquot number, aliquot format). Click or tap here to enter text.
   4. Do you have secondary processing needs (e.g., extraction, plating) ? Choose an item.
   5. If yes, please describe your processing needs (reformat aliquoting formats and volume, extraction, quantification, normalization). Click or tap here to enter text.
7. Will you require archiving services? Choose an item.
   1. If yes, please describe archiving needs (aliquot storage format such as tube or plate, storage temperature, need for storage unit, need for long term storage at DBSF). Click or tap here to enter text.
8. Will you require referral services? Choose an item.
   1. If yes, please describe your referral needs (reference lab, reference lab requirements, linked data, current state of storage format and temperature, requirement to retrieve, randomization, masking, external quality control specimens, single batch or multiple batches over time, return of samples, need for archiving). Click or tap here to enter text.
   2. If yes, has a referral lab/analytical lab been identified? Choose an item.
      1. If yes, please include the name of the lab. Click or tap here to enter text.
      2. If yes, has the referral lab/analytical lab provided the specifications or specific materials they require to process your samples? Choose an item.
         1. If so, please describe. Click or tap here to enter text.