REQUEST FOR SAMPLES

1. Requestor Name (type or print)
2. Title
3. Telephone
4. Email
5. Principal Investigator, if different
   (If the same, please skip to #6.)
   a. Title
   b. Telephone
   c. Email
6. Organization or Institution Name
7. Address
8. City, State, Zip code
9. Approximate number of samples needed
10. Size of sample punch needed
    (Standard Sizes: 1/8", 1/4" or 1/2" (Full Spot))
11. Time Period of Samples
    (Samples available From July 1984)
12. Date samples are needed
13. Study name including brief description for provision to the BioTrust Community Values Advisory Board and posting to the BioTrust website (Abstract is acceptable):

Please review the DCH Material Transfer Agreement as this signed document will be required prior to release of dried blood spot specimens. All completed forms may be submitted to the Michigan Neonatal Biobank or to the Michigan Department of Community Health for processing. Please contact Nancy Christ (nchrist@med.wayne.edu) or Carrie Langbo (langboc@michigan.gov) for further instructions.

REQUEST FOR SAMPLES

14. Please submit Study Protocol for use by Scientific Advisory Board for review panel in assessing scientific merit of the proposal. If not included in the protocol please document:

    a. Agency or Institutional commitment, Access to materials (reagents, technology, equipment), Resources and Budget to carry out the proposal.

15. Please submit the DCH Institutional Review Board application or a DCH Abbreviated IRB application in conjunction with an IRB application from your own institution.

16. Please submit a copy of your Curriculum Vitae.

17. Are you requesting the release of data by the Michigan Department of Community Health?

    Yes ☐ No ☐
    (If no, please stop here.)

    a. If Yes, what type of data will be required (birth, birth defects, cancer, fetal death, hospital discharge, other) and for what time period?

18. What specific variables are requested from each data set included in your request? Please provide a brief justification for each item of information.

19. Any requested data that could readily identify an individual must be accompanied by specific informed consent. If the proposed study requires readily identifiable information, is there an existing cohort of study subjects and have they authorized the release of this information to you?

    Yes ☐ No ☐

    Copies of the authorization will need to be submitted to DCH prior to the release of DBS.

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This section applies only to studies that involve an existing cohort of subjects.

20. If the study involves an existing cohort of study subjects and you are submitting data to be linked by the Michigan Department of Community Health, describe the data you will be providing for linkage and sample identification.

21. For effective sample identification it is generally necessary that each record which you submit can provide, at a minimum, the following information. Please check the information that would be available for matching and describe your ability to provide these data in electronic form.

☐ *Mother's first and last name at time of delivery,*

Mother's birth date (month/day/year) and Baby's birth date: **-OR-**

☐ *Baby's first and last name (please specify whether current or at time of birth), Baby's birth date (month/day/year) and sex:*

22. In order to evaluate the likely success of a record linkage effort, please provide, for each item listed below, the expected percent of the records with the complete information:

% of Records

Mother's First Name	Baby's Last Name (at birth)
Mother's Last Name (at birth)	Baby's Date of Birth
Mother's Date of Birth	Baby's Race
Mother's Year of Death	City/Town (at birth)
Mother's Social Security Number	Street and Number of Residence (at birth)
Mother's Race	Zip Code (at birth)
Baby's First Name	County of Residence (at birth)

23. How many records do you expect to submit?

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REQUEST FOR SAMPLES

DRIED BLOOD SPOT REVIEW REQUEST COMPLETENESS CHECKLIST

For each item shown in the following list the applicant should check off the box to the left of each applicable item to indicate that it has been carried out and/or submitted. The column to the right is for DCH purposes.

Investigator Completes	Item	DCH Review Coordinator Completes
☐	Study Abstract or Study Summary	
☐	Comprehensive Study Protocol	
☐	DCH IRB Application	
☐	Institutional IRB Application with DCH Abbreviated IRB Application	
☐	Principal Investigator CV	
☐	DCH Material Transfer Agreement	

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