

ANIMATE BIOLOGICAL SAMPLE COLLECTION FORM

Please complete the following details and forward to the applicable lab along with the sample
 Please remember to use patient trial number: **Do not use patient's full name to identify a patient**
 Please use a separate form for each sample.

Please remember to track samples on the ANIMATE sample tracking website and the Biological Sample Shipping Log.

Patient and Sample Details

Patient trial number:	ANM- <input type="text"/> <input type="text"/> <input type="text"/>	Patient initials:	<input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: (dd/mm/yyyy)		
Consent obtained for (tick all that apply):	<input type="checkbox"/> Use of FFPE samples from diagnosis & relapse in research related to ANIMATE trial					
	<input type="checkbox"/> Use of blood samples in research related to the ANIMATE trial					
	<input type="checkbox"/> Additional bone marrow biopsy after 8 cycles (optional)					
	<input type="checkbox"/> Surplus biopsy material to be stored and used for future ethically-approved research (optional)					
	<input type="checkbox"/> Surplus blood samples to be stored and used for future ethically-approved research (optional)					
Type of sample: tick one box only (Please mark on next page the visit at which the sample has been taken)	<input type="checkbox"/> Peripheral blood samples for Weatherall Institute of Molecular Medicine:					
	<input type="checkbox"/> 50ml / 20ml PB in EDTA (delete as applicable)			<input type="checkbox"/> 5ml PB in serum gel tube		
	<input type="checkbox"/> Paraffin-embedded tumour biopsy block for HMDS			(Block to be returned to site: Y* <input type="checkbox"/> N <input type="checkbox"/>)		
	Block number (if applicable):					
* Return address for block:						
Date sample collected		Time sample collected				
Date sample sent						
Site name						
Site address						
Sample sent by (name):						
Contact email:				Contact tel:		
Dispatch address:	HMDS: Level 3, Bexley Wing HMDS, St. James's Institute of Oncology, Beckett Street, Leeds LS9 7TF				<input type="checkbox"/>	
	Weatherall Institute: Vyas Lab, Room 326, Weatherall Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Hedley Way, Oxford OX3 9DS				<input type="checkbox"/>	
For laboratory use only						
Sample received safely/ sufficient quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify:					
Date sample received						
Checked by						
Processed by				Date processed		

For Site Use: Please complete below before dispatching samples

Peripheral blood samples for Weatherall Institute of Molecular Haematology

Patient Visit	Type of sample	Quantity	Please tick which visit the sample corresponds:
Within 3 days prior to cycle 1	Peripheral blood in EDTA; Peripheral blood in serum gel	50 ml; 5ml	<input type="checkbox"/>
Within 3 days prior to cycle 2	Peripheral blood sample; Peripheral blood in serum gel	20 ml; 5ml	<input type="checkbox"/>
Within 3 days prior to cycle 4	Peripheral blood sample; Peripheral blood in serum gel	20 ml; 5ml	<input type="checkbox"/>
Within 3 days prior to cycle 6	Peripheral blood sample; Peripheral blood in serum gel	20 ml; 5ml	<input type="checkbox"/>
Within 3 days prior to cycle 8	Peripheral blood sample; Peripheral blood in serum gel	20 ml; 5ml	<input type="checkbox"/>
1 month post-treatment visit	Peripheral blood sample; Peripheral blood in serum gel	20 ml; 5ml	<input type="checkbox"/>

FFPE tumour block for immunophenotyping analysis & gene expression profiling at HMDS, Leeds

Patient Visit	Type of sample	Please tick which visit the sample corresponds:
Registration	FFPE tumour block from initial diagnosis	<input type="checkbox"/>
	<i>or:</i>	
	FFPE tumour block from first relapse	<input type="checkbox"/>
Post cycle 8	FFPE tumour biopsy block	<input type="checkbox"/>
Relapse	FFPE tumour biopsy block	<input type="checkbox"/>

Please see ANIMATE Laboratory Manual for details regarding shipping