



# Alfred Brain Tumour Bio-databank (ABTB) Expression of Interest Form.

## 1. Applicant information

### Principal Investigator:

Name:	Position:
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### Department, Institution and Contact details:

Alfred Health employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Department:	Institution:
Address:	
Telephone:	Email:

## 2. Project Information

### Project Title:

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### Project Summary (300 words maximum):

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### Proposed timeframe of project:

Commencement date:	Completion date:
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### 3. Bio specimens

**Brain Tumour Samples required for your project. Please specify type according to the 2016 WHO classification.**

Diffuse Astrocytic and Oligodendroglial Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Other Astrocytic Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Ependymal Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Other Gliomas

Specific type:

WHO tumour grade:

Number of specimens:

Choroid Plexus Tumours

Specific type:

WHO tumour grade:

Number of specimens:



Neuronal and Mixed Neuronal-Glial Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Tumours of the Pineal Gland

Specific type:

WHO tumour grade:

Number of specimens:

Embryonal Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Meningiomas

Specific type:

WHO tumour grade:

Number of specimens:

Mesenchymal, non-Meningioma Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Tumours of the Sellar Region

Specific type:

WHO tumour grade:

Number of specimens:



Melanotic Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Histiocytic Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Germ Cell Tumours

Specific type:

WHO tumour grade:

Number of specimens:

Metastases

Specific type:

Number of specimens:

Other

Specific type:

Number of specimens:

**For brain tumour samples, please indicate the sample format required for your project.**

**Please note that not all sample formats are available for all tumour cases.**

Frozen Tissue

FFPE Tissue Sections

FFPE Tissue Cores

Fresh Tissue

Primary Cells



**Please indicate whether you require or would accept pre-extracted DNA or RNA from tumour samples.**

**Please indicate whether you require non-tumour samples for your project. Please note that not all formats will be available for all patients.**

Whole blood

Serum

Plasma

Buffy coat

Blood DNA

Blood RNA

CSF

Other:

**Where will additional samples be sourced, if required?**

**Justification of the number and type of samples requested.**



#### 4. Clinical information

Is clinical information for this project required?  YES  NO

If yes, outline the type of clinical information:

Patient demographics

Comorbidities

Presenting signs and symptoms

Provisional diagnosis

Histopathological diagnosis

Treatment

Follow up/outcome

Other

If other, please specify:

#### Justification of clinical information requested.

#### 5. Project Funding

Do you have funding to undertake this project?  YES  NO

Details:



## 6. How to Submit

Email the expression of interest form to the Biobank Coordinator to determine if ABTB can provide you with your research needs. Please read the 'Conditions for Use' prior to submission. Once availability is confirmed, the Applicant will be invited to submit an application. The application form will be sent via email and a reference number provided. The review process is confidential. Please allow approximately two weeks for a response. You will be contacted if additional information is required.

Ms. Emily Galea

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Phone: (03) 9076 5879