**Please submit the completed application to** [**research-funding@bctrials.org.au**](mailto:research-funding@bctrials.org.au)

*Please refer to “BCT Guidelines for BCT Tissue Bank Translational Research Applications” for further information.*

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Institution:** |  |
| **Name of Principal Researcher:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone/mobile number:** |  |
| **Fax number:** |  |

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| **Date submitted to BCT:** | Click or tap to enter a date. |

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| **Title of Translational Research Project:** |  |

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| **Is this project a Pilot Project?** | **Yes\*  No** |
| *\* Involves a limited number of specimens e.g. 5 x frozen tissue; <15 FFPE blocks. Pilot projects will only be approved for one year. Please complete the application below (peer review is waived).* | |

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| **Translational Research Overview**  (Please insert brief, informative statements. Your explanations should be clear and succinct, refer to ”BCT Guidelines for translational research application”) | | |
| Background/rationale: [Abstract] | |  |
| Aim: | |  |
| Objectives (endpoints): | |  |
| Hypotheses: | |  |
| Patient Selection (which BCT trials/patient subgroups): | |  |
|  | | |
| Brief description of proposed use of tissue, lab methods and lab location/s. If material is to be transferred to a third party, provide reason and details: | | |
|  | | |
| Research plan (include details of methods to be used, references; project timeline): | | |
|  | | |
| Material requested (including type of sample, with rationale for the quantity and type of samples requested): | | |
|  | | |
| Description of how this research may translate into improved patient outcomes: | | |
|  | | |
| Statistical considerations, including analysis and statistical power (N.B. BCT Trial Statistician can assist): | | |
|  | | |
| Budget available to conduct the research (source of funds, personnel): | | |
| Yes  No | | |
| Researcher/s will obtain HREC approval and will provide BCT with copies of the HREC application, the approval letter and correspondence with HREC: | | |
| Yes  No Comment: | | |
| Research has been approved for a grant application that has undergone peer review by a funding body: | | |
| Yes\*  No#  N/A (pilot project) | | |
| \*Name of Funding Body:  *Please provide evidence of approval* | | |
| #Names of three suitable referees (for grants that have not undergone peer review by a funding body: | | |
|  | | |
|  | | |
|  | | |
| Quantity of samples requested: | | |
|  | | |
| Suggested protocol for shipping of samples (preparation, packaging, storage requirements): | | |
|  | | |
| Shipping Address: | | |
|  | | |
| Arrangement for payment of shipping/other costs as determined by BCT: | | |
|  | | |
| Outline of consulting agreements, collaborations and research projects between investigators named on the application and commercial organisations (if applicable): | | |
|  | | |
| Application includes a request for clinical trial data collected during the trial(s)? | | |
| Yes  No  If yes, provide details: | | |
| Trial Number/ID: |  | |
| Baseline/patient characteristics  Surgery data  Tissue data (e.g. type, collection date, histopathology)  Treatment data  Outcome data  Safety / adverse event data  Relapse data | | |

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**Translational Research Application Checklist to be assessed by Operational Executive/Scientific Advisory Committee:**

1. Potential clinical impact of the proposed project
2. Priority
3. Robustness and adequacy of the tissue analysis technology that is proposed
4. Novelty, innovation and merit
5. Statistical design, reproducibility and overall strategy of the study
6. Appropriate use of tissue

|  |  |
| --- | --- |
| Date approved by Operational Executive: | Click or tap to enter a date. |
| Date approved by Scientific Advisory Committee /Translational Research Subcommittee: | Click or tap to enter a date. |
| Date Principal Researcher notified: | Click or tap to enter a date. |

**BCT office use only:**

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| --- | --- |
| 1. Quote for sample preparation at BCT Tissue Bank provided to researcher and approved: | Click or tap to enter a date. |
| 1. Material Transfer Agreement executed (date signed): | Click or tap to enter a date. |
| 1. Date samples provided: | Click or tap to enter a date. |