



OSTEOARTHRITIS INITIATIVE BIOSPECIMEN REQUEST FORM

Name of Investigator:		Telephone Number:	
Institution:		Fax Number:	
Country:		E-mail Address:	

1. Type and quantity of sample requested (refer to the [Application Guide](#) for maximum allowable specimen) and at which visit samples were collected:

Biospecimen Type		Number of Samples	Biospecimen Volume per Aliquot		Biospecimen Collection Visit							
					BL	12m	18m	24m	30m	36m	48m	72m
☐	Citrate Plasma			uL	☐	☐	☐	☐	☐	☐	☐	☐
☐	EDTA Plasma			uL	☐	☐	☐	☐	☐	☐	☐	☐
☐	Serum			uL	☐	☐	☐	☐	☐	☐	☐	☐
☐	Urine			uL	☐	☐	☐	☐	☐	☐	☐	☐
☐	DNA			ug	☐ *							
☐	RNA		PAXgene Tube (1 per request)			☐ *					☐ *	
☐	Buffy EDTA			vials		☐	☐	☐	☐	☐	☐	☐
☐	Buffy Citrate			vials		☐	☐	☐	☐	☐	☐	☐

* Not extracted; investigator must provide funding for extraction.

2. Brief sample description, including a brief narrative and a list of OAI sample ID #'s with a group indicator for each participant (e.g., 0=control, 1=case). For each sample type or matched pair requested please provide 1-2 alternative samples in case of insufficient volume. *The narrative and a list of OAI samples may be submitted as separate documents*



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3. Briefly specify assays planned (for DNA, attach list of genes and SNPs with RS # or another standardized unique identifier):

4. Methodology description (include references or a detailed description if not yet published):

5. Specify for each analyte the quantity of biospecimen per assay, not including replicates or repeats; for example, Assay A: NTXI, 50 uL/assay x 3 for triplicates:

	Assay Name	Quantity of Biospecimen
Assay A		
Assay B		
Assay C		
Assay D		

6. Should samples be aliquoted before sending?

Yes ☐

No ☐

7. Number of aliquots per sample: _____

8. Minimum aliquot volume acceptable: _____

9. In general, most samples will have undergone one thaw for sub-aliquoting. Can previously thawed samples be used in proposed analyses? This requirement may limit sample availability.

Yes ☐

No ☐ (If No, please justify below)

10. Funding Status

☐ Funding Secured

☐ Application for funding requires prior approval of this request

☐ Other (If Other, please explain below)



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11. Shipping information for samples:

Contact Person	
Telephone Number	
Fax Number	
E-mail Address	
FedEx/Other Shipping #	
Lab Name	
Complete Shipping Address	

12. Please review and initial each of the following statements:

_____	I understand that only the assays specified above may be run. If I am interested in running additional assays, I must submit a new application to the OAI Biological Resource Allocation Committee (BRAC).
_____	I agree to electronically transmit the results from the assays specified above to the NIAMS through MPF Federal, LLC (MPF_NIAMS_OAI_Biospecimens@mpffederal.com) in exchange for decoding of sample barcode numbers to participant ID numbers.
_____	I will be responsible for all aliquoting, shipping, and re-inventorying costs, including those resulting from sub-aliquoting the sample before shipment. In most cases, only the amount approved will be shipped. If a larger aliquot is shipped (unthawed specimens), I will limit and track the number of thaws and remove no more than the amount approved. All remaining specimen will be returned to the study repository at my cost.

☐ I consent to use an electronic signature.

Investigator Signature

Date

Investigator Name