

Melanoma Research Victoria

c/- Research Division

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**MRV SPECIMEN and DATA APPLICATION FORM**

|  |  |
| --- | --- |
| Project Title |       |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Title & Name |  |
| Position |  |
| Department |  |
| Institution |  |
| Address |  |
| Phone |  |
| Mobile |  |
| E-mail |  |
| Project Co-Investigators |  |
| Commercial Project? |  |

**NOMINATED CONTACT (FOR ENQUIRIES AND DELIVERY)**

|  |  |
| --- | --- |
| Title & Name |  |
| Position |  |
| Department |  |
| Institution |  |
| Delivery Address |  |
| Phone |  |
| Mobile |  |
| E-mail |       |

**PROJECT INFORMATION**

1. **Project Details**

1.1 What is the anticipated start date of the project?      /    /

1.2 What is the anticipated completion date of the project?      /    /

1.3 Has the project commenced?

1.4 Are any commercial interests funding the project?

If yes, check all that apply: Biomedical (specify):

 Diagnostic (specify):

 Pharmaceutical (specify):

 Other (specify):

1.5 Are any commercial benefits likely to arise from this research?

 Yes No NA

If yes, please list them:

**2.0 Provide a brief description of the project**

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**3.0 Outline the Specific Aims and Long Term Objectives**

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**4.0 Ethics**

**4.1** Has HREC approval been obtained for this project?

Please attach a copy of HREC approval letter, any approvals or amendments.

**5.0 Specimen / Data Requirements**

5.1 Please indicate the specimens/data required from MMP to support your project:

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| --- | --- |
| **Description** | **Request** |
| Clinical Diagnosis |      |
| Stage |        |
| Tissue Sample Type |       FFPE Frozen Fresh |
| Number of Tissue Samples |  |
| Blood Sample Type |  Plasma Serum Blood Pellet |
| Number of Blood Samples |  |
| Data Fields\* |  |
| Number of Patients |  |
| Quality of Life data |  |
| Medicare/PBS data |  |
| Other (specify) |  |

\* For multiple data fields please state categories (eg surgery) on this form and then highlight specific fields on the MMP Fields document.

5.2 Are you receiving any materials for this project from any other institutions or tissue banks?

If yes, please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| Institution / Tissue Bank | Type of Material | Quantity | Frequency of materials received |
|  |  |  |       |
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**6.0 Methodology**

Describe the experimental Methods (such as molecular profiling techniques or biomarkers) that may be used. Include statistical assumptions behind number of cases/specimens.

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**7.0 Storage**

Describe storage security and destruction arrangements. Include measures in place to ensure confidentiality and privacy in the recording, storage and release of data.

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**8.0 Evaluation**

What criteria will be used to assess outcomes?

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| Aims: |

**9.0 Presentations**

What is the proposed method of publication or presentation of results and timetable?

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**9.0 Other Considerations**

Are there any ethical considerations that should be brought to the attention of MRV?

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**10.0 Lay Summary**

Please provide a lay summary of your project that can be used on the MRV website.

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**TERMS AND CONDITIONS**

MRV is a research collaboration between: the Peter MacCallum Cancer Centre; the Victorian Melanoma Service, Alfred Hospital; the Olivia Newton-John Cancer Research Institute, Austin Health; the Skin Health Institute; and Border Medical Oncology Research Unit. The collaboration is united by the MRV protocol and the MRV Research Agreement.

The MRV Governance Committee includes academic leaders representing all sites, consumers and multiple discipline expertise. They are the custodians of the resource material and will only approve projects with scientific merit. Some low risk projects can be conducted under the MRV ethics protocol. Projects considered of greater risk will be required to apply for project specific ethics.

**Applicants must consider the following when applying:**

* MRV data and clinical samples cannot be on sold or used for a project other than the one they were approved for by the MRV Governance Committee.
* Applicants must demonstrate in their proposal the efficient and well-coordinated use of materials and data to promote scientific advances in cancer research. Collaborations are encouraged.
* Privacy is important to MRV participants. The MRV ID will be used to label research data and samples. All MRV staff are governed by the confidentiality of their medical insitutions.
* MRV data is re-identifiable. Any research results of importance to a MRV participant must be reported to the MRV Governance Committee. No identifiable participant information should ever be made public.
* The use of data and clinical samples must follow the guidelines of the NHMRC National Statement on Ethical Conduct in Human Research 2018
* MRV has a Consumer Reference Group that is available for project/protocol reviews

**Cost recovery fees for data extraction time and sample retrieval will be charged.** Charges will be calculated according to project requests.

**The MRV Acknowledgment for Papers and Presentations must read:**

The authors wish to thank Melanoma Research Victoria and acknowledge the MRV sites contributing to this work: *(select one or more)*

Peter MacCallum Cancer Centre,

 Victorian Melanoma Service, Alfred Health

 Olivia Newton-John Cancer Research Institute, Austin Health

 Skin Health Institute

 Border Medical Oncology Research Unit

OR

If Melanoma Research Victoria is listed as an author the following statement is included in the acknowledgements or supplementary note area -

*The MRV Principal Investigators for this project are: (select one or more) Grant McArthur, Victoria Mar, Damien Kee, Peter Foley and Craig Underhill*

I agree to abide by the terms and conditions stated

Name of Applicant:

Signature of Applicant: Date: