**If, before submitting the actual issue application, you would like to have an inventory of the amount of samples stored, possibly combined with clinical and/or pathological data, please email aocr@amsterdamumc.nl.**

Please mail completed forms to aocr@amsterdamumc.nl. You will receive confirmation of receipt. We aim to have the assessment completed within four weeks.

**U-number: U-**……*(to be completed by AOCR)*

**Title:** Click or tap here to enter text.

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| **Study team** |
| Principal Investigator (PI) | Name: Click or tap here to enter text. Organization & department: Click or tap here to enter text.E-mail address: Click or tap here to enter text.Phone number: Click or tap here to enter text.Address: Click or tap here to enter text. |
| Contact *If other than PI*  | Name: Click or tap here to enter text. Organization & department: Click or tap here to enter text.E-mail address: Click or tap here to enter text.Phone number: Click or tap here to enter text.Address: Click or tap here to enter text. |
| Other study team members*Names* | Click or tap here to enter text. |

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| **Study and project information** |
| Study title | Click or tap here to enter text. |
| Abbreviation (acronym) study | Click or tap here to enter text. |
| Research relevance (Max. 150 words)*Background information. What is the rationale for the research? What is already known and what is not yet known (justification based on literature)? What "knowledge gap" is this research focusing on?* | Click or tap here to enter text. |
| Research question(s)(Max. 100 words)*What is the main research question? And what are relevant secondary questions?* | Click or tap here to enter text. |
| Hypothesis(Max. 50 words)*What outcomes are expected?*  | Click or tap here to enter text. |
| Study population(Max. 50 words)*What will be the patient population, what are the inclusion/exclusion criteria?* | Click or tap here to enter text. |
| Material en Method (Max. 100 words)*Describe the required materials and method of the study. If available: attach the study protocol as an appendix.* | Click or tap here to enter text. |
| Statistical analyses (Max. 100 words)*In what way will the results be analysed, what statistical method(s)? Describe clearly how many patients you plan to include and show a power analysis, if applicable.* | Click or tap here to enter text. |
| Is this research part of an approved grant application? | [ ] No[ ]  Yes, explanation: Click or tap here to enter text. |
| Number of patients required | Click or tap here to enter text. |
| Histological subtype | Click or tap here to enter text. |
| Years of diagnosis | Click or tap here to enter text. |
| Start date project | Click or tap here to enter text. |
| End date project | Click or tap here to enter text. |

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| **Ethical review and privacy** |
| Non-WMO declaration?*This is optional. If present: attach it as an appendix.*  | [ ]  Received (METC-number: Click or tap here to enter text.)[ ]  Has been requested (METC-number: Click or tap here to enter text.)[ ]  Will be requested in hospital [ ]  Not requested  |
| METC study approval?*This is optional. If present: attach it as an appendix.* | [ ]  Received (METC-number: Click or tap here to enter text.)[ ]  Has been requested (METC-number: Click or tap here to enter text.)[ ]  Will be requested in hospital [ ]  Not requested  |
| Regulations | Regulations regarding ethical review and privacy assurance will be followed in accordance with local agreements and in line with the AOCR Regulatory Document. |
| Coding patients | The samples, clinical data, pathological data, and other types of issue will be provided pseudonymised, i.e. under AOCR issue number. Members of the research team cannot and will not in any way find out the identity of patients. If it is necessary to find out the identity of an individual patient, the AOCR coordinator will be contacted as soon as possible at aocr@amsterdamumc.nl. |
| Database | All data collected will be stored in a secure database. The database will be hosted on a secure server with the infrastructure, configuration and licences compliant with current standards and laws to ensure safe and secure data storage and processing. |
| Likelihood of findings indicating a serious health problem or risk for which prevention and/or treatment is available?*For example, Whole Genome Sequencing, targeted sequencing on BRCA.* | [ ] Yes, explanation: Click or tap here to enter text.[ ]  No |
| Any additional comments regarding ethical review and privacy | Click or tap here to enter text. |

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| **Tissue** |
| Click on what is required. (*N.B. Not all biomaterials are available for all patients)* | **Digital slide** | **Tissue** | **H&E** | **IHC2** | **TMA3** | **IHC TMA4** | **Extracted DNA5** | **Extracted RNA5** |
| **Pre-operative** | Biopsy | Paraffin  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Biopsy | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ascites | Blocked  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Resection material during primary debulking****surgery** | Tumor tissue\* | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tumor tissue\* | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Primary tumor | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Primary tumor | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Metastasis1 | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Metastasis1 | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Normal tissue | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Normal tissue | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ascites | Blocked  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Resection material during interval debulking surgery** | Tumor tissue\* | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tumor tissue\* | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Primary tumor | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Primary tumor | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Metastasis1 | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Metastasis1 | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Normal tissue | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Normal tissue | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ascites | Blocked  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Tissue of recurrence#** | Biopsy | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Biopsy | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Ascites | Blocked  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tumor tissue\* | Paraffin | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Tumor tissue\* | Fresh frozen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1 Localisation(s) of metastasis | Click or tap here to enter text. |
| 2 Required (immuno)histochemical staining | Click or tap here to enter text. |
| 3 TMA properties | Size of cores: Choose an item.Number of cores per tumor: Choose an item. |
| 4 Required (immuno)histochemical staining TMA | Click or tap here to enter text. |
| 5 DNA/RNA required for:*If targeted gene sequencing: note which genes are being sequenced* | Click or tap here to enter text. |
| If applicable: further explanation | Click or tap here to enter text. |

\*Check the box tumor tissue when tumour location is not relevant, this can be either primary tumour or metastases.

#Recurrences are relatively much less common in the biobank and given the varying workflow per hospital, the biomaterials available for each patient will be very different.

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| **Blood** |
| *If required: enter the requested amount of millilitres*  | Number of millilitres per patient |
| When the moment of collection is not relevant | Genomic DNA | Click or tap here to enter text. (μg) |
| Therapy-naive | Serum | Click or tap here to enter text. |
| Whole blood | Click or tap here to enter text. |
| Plasma | Click or tap here to enter text. |
| Cell-free plasma | Click or tap here to enter text. |
| During neoadjuvant chemotherapy\* | Cell-free plasma | Click or tap here to enter text. |
| After primary debulking surgery before any chemotherapy | Cell-free plasma | Click or tap here to enter text. |
| During adjuvant chemotherapy after primary debulking surgery\* | Cell-free plasma | Click or tap here to enter text. |
| Describe desired application and alteration  | Click or tap here to enter text. |

\* Blood samples taken during neoadjuvant chemotherapy and during adjuvant chemotherapy will in most cases be taken after 3-4 cycles of chemotherapy. If (information on) specific sampling moments are desired, this will have to be requested from the respective hospitals, as the specific sampling moment regarding chemotherapy is not included in the biobank.

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| **Data** |
| Clinical variables | Click or tap here to enter text. |
| Pathological variables | Click or tap here to enter text. |
| *Clinical variables must be requested from IKNL, see below for information on which clinical data are available.**Pathological variables must be requested from Palga, see below for information on which pathological data are available.* *After evaluation, the Scientific Committee will provide an application form that can be completed with the above information and submitted to IKNL and PALGA.**Information IKNL:* [*https://iknl.nl/nkr/cijfers-op-maat/gegevensaanvraag*](https://iknl.nl/nkr/cijfers-op-maat/gegevensaanvraag)*Information Palga:* [*https://www.palga.nl/gegevensaanvragen/overzichtspagina-gegevensaanvragen.html*](https://www.palga.nl/gegevensaanvragen/overzichtspagina-gegevensaanvragen.html) |

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| **Authorships** |
| Standard policy:*a) One* ***AOCR****-involved person of each Participant or Partner issuing samples can become author when:** *At least 5 samples are issued; and*
* *Less than 50 samples are issued; and*
* *The number of issued samples concerns at least 5% and less than 50% of the samples used in the Study.*

*b) Two* ***AOCR****-involved persons of each Participant or Partner issuing samples can become author when:** *At least 50 or more samples are issued; and/or*
* *The number of issued samples concerns at least 50% of the samples used in the Study.*

*c) The* ***AOCR****-consortium, consisting of members of the Work Packages (as defined in the Consortium Agreement) and the involved gynecologist and pathologist of each Participant and Partner, will become author when:** *In total at least 100 samples are issued; and/or*
* *The number of issued samples concerns at least 50% of the samples used in the Study; and/or*
* *At least three Participants or Partners have issued samples; and/or*

*The requested samples are scarce (as determined by the Steering Committee).* |
| Agreeing with the standard policy? *Indicate which of the above applies. If you wish to deviate from the standard policy, explain by means of a proposal* | [ ]  Yes, option Choose an item. [ ]  No, explanation: Click or tap here to enter text. |

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| **Generated data**  |
| Standard policy:*The data generated in the study (e.g. sequencing data) will be reported back to the AOCR. Also reported on cBioPortal if possible. This makes it possible, instead of tissue, to give out this data to subsequent researchers in the future.* |
| Agreeing with the standard policy? *If you wish to deviate from the standard policy, explain by means of a proposal.* | [ ]  Yes[ ]  No, explanation: Click or tap here to enter text. |

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| **Other remarks** |
| If applicable | Click or tap here to enter text. |

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| **Billing information** |
| Name of debtor:  | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Your reference:  | Click or tap here to enter text. |

*To be completed by AOCR:*

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| **Agreements**  |
| Verdict scientific committee | [ ]  Approval[ ]  Approval not granted, justification: Click or tap here to enter text. |
| Verdict board | [ ]  Approval[ ]  Approval not granted, justification: Click or tap here to enter text. |
| Agreements made | Click or tap here to enter text. |
| Signature project manager:  | Name: Click or tap here to enter text.Date: Click or tap here to enter text.Location: Click or tap here to enter text.Signature:  |