

# COVID-19 Enterprise Protocol Biospecimen Form

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Principal Investigator Name:

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Email Address:

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School:

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Department:

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Division:

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Do you have IRB approval?

Yes (1)

No (2)

IRB Protocol Title:

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IRB Protocol Number:

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Current Funding Source:

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Plans for Extramural Support:

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Do you need specimens from:

- COVID-19 Positive Tested (1)
  - COVID-19 Suspected (2)
  - Persons Under Investigation (PUI) (3)
  - Asymptomatic Individuals (no previous symptoms or positive test) (4)
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For COVID-19+ or PUI, do you need samples during:

	Must be collected (1)	Can be collected (2)	Not relevant to my study (3)
Acute illness (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convalescent phase (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What specimen types do you wish to access? (select all that apply)

- Whole Blood
- Serum
- Plasma
- Genomic DNA
- Urine
- Tracheal Aspirates
- Nasopharyngeal Swab
- Remnant Tissue / Autopsy
- Other

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Whole Blood*

Whole Blood Specimen Details:

- Vacutainer Type \_\_\_\_\_
- Quantity \_\_\_\_\_
- Minimal Volume Needed for Assay \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_
- Collection Time Points \_\_\_\_\_

*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Serum*

Serum Specimen Details:

- Vacutainer Type \_\_\_\_\_
  - Quantity \_\_\_\_\_
  - Minimal Volume Needed for Assay \_\_\_\_\_
  - Experimental Purpose \_\_\_\_\_
  - Collection Time Points \_\_\_\_\_
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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Plasma*

Plasma Specimen Details:

- Vacutainer Type \_\_\_\_\_
  - Quantity \_\_\_\_\_
  - Minimal Volume Needed for Assay \_\_\_\_\_
  - Experimental Purpose \_\_\_\_\_
  - Collection Time Points \_\_\_\_\_
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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Genomic DNA*

Genomic DNA Specimen Details:

- Quantity \_\_\_\_\_
- Minimal Amount Needed for Assay \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Urine*

Urine Specimen Details:

- Quantity \_\_\_\_\_
- Minimal Volume Needed for Assay \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_
- Collection Time Points \_\_\_\_\_

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Tracheal Aspirates*

Tracheal Aspirate Specimen Details:

- Quantity \_\_\_\_\_
- Minimal Volume Needed for Assay \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_
- Collection Time Points \_\_\_\_\_

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Nasopharyngeal Swab*

Nasopharyngeal Swab Specimen Details:

- Quantity \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_
- Collection Time Points \_\_\_\_\_

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Remnant Tissue / Autopsy*

Remnant Tissue / Autopsy Specimen Details:

- Quantity \_\_\_\_\_
- Specific Tissue(s) \_\_\_\_\_
- Experimental Purpose \_\_\_\_\_

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*Display This Question:*

*If What specimen types do you wish to access? (select all that apply) = Other*

Other Specimen Details:

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What clinical information sources will be needed corresponding to requested samples?

- Discrete clinical information from Electronic Health Record (e.g., labs, procedures)
  - Clinical information that must be abstracted from the Electronic Health Record (e.g., notes)
  - Clinical information not collected in the Electronic Health Record
  - Patient reported outcomes
  - External datasets (e.g., public health data or census tract)
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Specific Aims:

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Is there any additional information you would like to provide to the Biospecimen Governance Committee?

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