**GTRF-Services@Glasgow.ac.uk**

**0141 356 9450/9437**

**GTRF TMA Construction Request Form**

**Guidance**

* All requests should include name, date of request and contact email address
* Maximum time frame for response to request is **2 weeks**
* Forms should be submitted with the researcher’s name in the file name.
* **Affiliation details**
	+ Please complete relevant to your institution and funding body
	+ If University of Glasgow, please provide the relevant project code to be charged for this work.
* **Tissue details** – please indicate the tissue source and type of tissue to be use in proposed TMA.
* **TMA Construction type** - Please complete the request details relevant to the tissue source in **one** of the four options available in section 4.
	+ **NHS GG&C Diagnostic tissue**
		- GG&C Biorepository application **must** be submitted and approved before any work can commence. This application number along with the application and approval letter must be provided to the GTRF.
		- For GG&C associated projects, diagnostic H&Es will be pulled, and Pathologist will identify relevant blocks. Fresh H&Es will then be cut & scanned within GTRF and annotated by GG&C Pathologists. Non-GG&C pathologists may be involved when named on the biorepository application.
	+ **Non-GG&C Diagnostic tissue**
		- Please list the Trust and Hospital the tissue will be sourced from
		- Where possible, diagnostic glass H&Es and blocks will be made available to GTRF for block selection and fresh H&Es to be cut. Alternatively, block selection can be performed at home-site by local pathology services and relevant/chosen blocks provided to GTRF for fresh H&Es.
	+ **Clinical Trial samples**
		- Name of trial, sponsor and PI must be provided.
		- Fresh H&Es will be cut by GTRF unless these are already available from the trial protocol.
	+ **Animal model samples**
		- Name of study, PI and source of tissue must be provided.
		- Fresh H&Es will be cut by GTRF unless these are already available.
* For **all non-GG&C diagnostic samples**, ethical approval must be in place for any TMA to be constructed and evidence of this made available to the GTRF for governance purposes.
* Agreements must also be in place for material and digital transfer/sharing.
* Please specify the type of tissue to be sampled from cases – this may include primary tumours and mets etc
* Also specify the regions within each sample that are to be targeted – tumour centre or invasive edge etc.
* Please specify the platform the TMA will be designed for – these are highly specific and determine the number of cores that can be placed in each TMA block and thus the number of blocks that will be generated from a cohort. Details of this are available in a separate document.
* Multiple cores can be taken for each region of interest within a block – we would take 3 cores as standard for tissue heterogeneity, but this may vary between projects so please discuss with GTRF team member. Please state the number of cores that would be taken from each block.
* GTRF can provide a row Control tissue for IHC controls. Tissue available within the GTRF includes Normal Colon, CRC, Breast tumour, Skin, Tonsil, Kidney, Liver, Spleen. Please list the desired tissue in the description in section 5.
* All slides will be scanned in GTRF unless compatible images in MRXS format are available.
* Digital images will be made available for annotation by a Pathologist/researcher, please be able to provide contact details.
* Please provide a detailed breakdown of the TMA proposed.
* Please sign and return this form, a quote will be provided with a signed copy of this form.

**\*Please Email** **GTRF-Services@Glasgow.ac.uk** **with any queries \***

1. **Contact Details (All requests)**

|  |  |
| --- | --- |
| **Name** |  |
| **Date**  |  |
| **Email Address** |  |
| **P.I.** |  |
| **Address** **(For Invoicing Purposes)** |  |
| **Time frame for request** |  |

**2. Affiliation (All requests)**

* **CRUK Scotland Centre Researchers – University of Glasgow** [ ]
* **CRUK Scotland Centre Researchers – Non-University of Glasgow** [ ]
* **University of Glasgow – Non CRUK Scotland Centre** [ ]
* **Non-University of Glasgow – Academic** [ ]
* **Non-University of Glasgow – Industry** [ ]

|  |  |
| --- | --- |
| **University of Glasgow Project Code** |  |

**3. Tissue Details (All requests)**

* **NHS GG&C Diagnostic** [ ]
* **Non-GG&C Diagnostic** [ ]
* **Clinical Trial** [ ]
* **Animal Model** [ ]

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| --- | --- |
| **Tissue type (e.g. human colorectal cancer)** |  |

**4a.** **TMA Construction Type -** NHS GG&C Diagnostic Tissue

|  |  |
| --- | --- |
| **GG&C Biorepository Application approved (Y/N)** |  |
| **Biorepositroy Application Number** |  |
| **Name & email of GG&C Pathologist attached** |  |
| **Non-GG&C pathologists named on application** |  |
| **Number of patients in cohort** |  |
| **Tissue of interest per patient/subject (e.g. Primary tumour, lymph nodes, metastases)** |  |
| **Regions of tissue to be targeted (e.g. tumour centre, invasive edge)** |  |
| **Desired platform for TMA (e.g. IHC, CosMx™, Visium™)** |  |
| **Core size (0.6mm / 1mm / 1.5mm / 2mm)** |  |
| **Number of Cores taken per donor block** |  |
| **Row of GTRF Control tissue to be included?****(Y/N)** |  |

**4b. TMA Construction Type -** Non-GG&C Diagnostic tissue

|  |  |
| --- | --- |
| **Source of Tissue** |  |
| **Ethical Approval for TMA construction** |  |
| **Material transfer agreement in place?** |  |
| **Name & email of Pathologist associated** |  |
| **Number of patients in cohort** |  |
| **Tissue of interest per patient/subject (e.g. Primary tumour, lymph nodes, metastases, normal tissue)** |  |
| **Regions of tissue to be targeted (e.g. tumour centre, invasive edge)** |  |
| **Desired platform for TMA (e.g. IHC, CosMx™, Visium™)** |  |
| **Core size (0.6mm / 1mm / 1.5mm / 2mm)** |  |
| **Number of Cores taken per donor block** |  |
| **Row of GTRF Control tissue included? (Y/N)** |  |
| **Do you require fresh H&Es to be cut?** |  |
| **Do you have MRXS images available?** |  |

**4c.** **TMA Construction Type -** Clinical Trial Samples

|  |  |
| --- | --- |
| **Name of Trial** |  |
| **Name of Sponsor** |  |
| **Name of PI** |  |
| **Source of Tissue** |  |
| **Ethical Approval for TMA construction** |  |
| **Material transfer agreement in place?** |  |
| **Name & email of Pathologist attached** |  |
| **Number of patients in cohort** |  |
| **Number of samples per patient** |  |
| **Tissue of interest per patient/subject**  |  |
| **Regions of tissue to be targeted (e.g. tumour centre, invasive edge)** |  |
| **Desired platform for TMA (e.g. IHC, CosMx™, Visium™)** |  |
| **Core size (0.6mm / 1mm / 1.5mm / 2mm)** |  |
| **Number of Cores taken per donor block** |  |
| **Row of GTRF Control tissue included (Y/N)** |  |
| **Do you require fresh H&Es to be cut?** |  |
| **Do you have MRXS images available?** |  |

**4d. TMA Construction Type -** Animal model samples

|  |  |
| --- | --- |
| **Name of Study** |  |
| **Source of Tissue** |  |
| **Ethical Approval for TMA construction** |  |
| **Name & email of Researcher to annotate images** |  |
| **Number of samples in cohort** |  |
| **Desired platform for TMA (e.g. IHC, CosMx™, Visium™)** |  |
| **Core size (0.6mm / 1mm / 1.5mm / 2mm)** |  |
| **Number of Cores taken per donor block** |  |
| **Row of GTRF Control tissue included (Y/N)** |  |
| **Do you require fresh H&Es to be cut?** |  |
| **Do you have MRXS images available?** |  |

**5. All Requests – Outline of TMA**

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| **Details of TMA Request** |
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**6. Quotated amount and Signatures**

|  |  |
| --- | --- |
| **Quoted cost** |  |
| **Signed (requestor)** |  |
| **Date** |  |
| **Signed (GTRF)** |  |
| **Date** |  |