DCTD Tumor Repository – U.S. Government/Leidos Biomedical Research (FNLCR) Request Form			
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## DCTD Tumor Repository U.S. Government/Leidos Biomedical Research (FNLCR) Request Form

Application Submission Checklist				
☐ Completed DCTD Tumor Repository Request Form				
☐ Partially Executed MTA Agreement				
☐ Letter of Request				
Method of Shipping (Select One)				
☐ FedEx Account				
☐ FedEx Prepaid Shipping Label				
☐ FNLCR Courier (Delivery to NIH Campus in Bethesda and Rockville)				
☐ CRL Repository Staff (Delivery to NCI-Frederick/FNLCR Campus)				
Type all information and email completed documentation in a single e-mail to:				
DCTDTumorRepository@mail.nih.gov				



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Section 1: Applican	t Information					
PI (Recipient Inves			PI Title:			
PI Phone:			PI E-mail:			
Affiliation/Institut	ion:	Address:				
Organizational Str						
☐ Governi						
☐ Academ	ic					
□ Non-pro	ofit					
☐ Comme	rcial/Pharmaceutical					
Section 2: Shipping	Information (No P.O. B	ox Numbers)				
<b>Contact Name:</b>		Contact Phone:		Contact E-mail:		
<b>Shipping Address</b>	:   Same as Institution A	Address Above				
☐ FNLCR Courie	r (Delivery to NIH Camp	ous in Bethesda and	Rockville)			
☐ CRL Repository	Staff (Delivery to NCI-	Frederick/FNLCR (	Campus)			
☐ FedEx Account	: <b>#:</b>					
☐ Investigator Su	pplies a Pre-paid FedEx	Label – Supply the	following in	nformation to FedEx:		
<ul> <li>Shipping F</li> </ul>	• Shipping From: Charles River Labs/FNLCR 1073, Beasley Drive, Frederick, MD, 21702.					
<ul> <li>Send Prior dry ice.</li> </ul>	Send Priority Overnight with dry ice. Box Size is 12 x 10 x 11 / total weight is 11 lbs. with 10 lbs. dry ice.					
Select "Dry	• Select "Dry Ice" in Special Services Section					



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## Section 3: Samples Requested: The DCTD Tumor Repository only distributes 1 vial of each material per requestor.

	Name	Type: Frag., Cell line, brei	Sample/Lot # (Repository Use Only)
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