

PDMR

Application Submission Checklist

- ☐ Completed NCI PDMR request form
- ☐ Partially Executed NCI MTA Agreement
- ☐ For Cryopreserved PDX Fragments ONLY:
Proof of NOD.*Cg-Prkdc*^{scid} *Il2rg*^{tm1Wjl}/SzJ (NSG) mouse availability for initial implantation
 - a. Copy of ACUC protocol indicating NSG mice available for use
 - OR-
 - b. Bill of Sale showing NSG mice purchased

Send the above completed documentation in a single e-mail to:
NCI_PDM_Repository@mail.nih.gov

PDMR NCI Patient-Derived Models Repository
An NCI Precision Oncology InitiativeSM Resource

NCI Patient Derived Models Repository (PDMR): Domestic Request

Section 1: Applicant Information

PI Name:		PI Title:	
PI Phone:		PI E-mail:	
Affiliation/Institution:		Address:	
Organizational Structure: <input type="checkbox"/> Government <input type="checkbox"/> Non-profit <input type="checkbox"/> Academic <input type="checkbox"/> Commercial/Pharmaceutical			
How did you hear about us? <input type="checkbox"/> Internet website search <input type="checkbox"/> NCI Newsletter/Email <input type="checkbox"/> PDXNet (portal.pdxnetwork.org) <input type="checkbox"/> Abstract/Publication/Meeting <input type="checkbox"/> Twitter <input type="checkbox"/> Colleague/Other: _____			

Section 2: Shipping Information (No P.O. Box Numbers)

Contact Name:	Contact Phone:	Contact E-mail:
Shipping Address: <input type="checkbox"/> Same as Institution Address Above		
FedEx Account#: <input type="checkbox"/> Intramural Investigators only: Use NIH CSP Courier Services (no FedEx acct needed)		
<input type="checkbox"/> Alternative: Requestor will provide to the PDMR a prepaid FedEx label upon request		

Section 3: Billing Information

ACH and Check Payments Only: Made Out to the “<u>Leidos Biomedical Research.</u>”
Billing Contact Name: <input type="checkbox"/> Same as PI Above <input type="checkbox"/> Not Required; Intramural Maryland Campus Investigator
Billing Contact Phone:
Billing Contact E-mail (for Invoice):
Mailing Address:
PO# (only if required for purposes of invoicing)

Section 4: Acknowledgement of Understanding

The signature below indicates the Principal Investigator requesting the material understands the following:

- The recipients must maintain possession of any NCI Patient-Derived Models material at all times. Specifically, recipients may not transfer material to any other party without written approval by the NCI.
- NCI Patient-Derived Models material is human biological material and may contain infectious agents and therefore, will be handled appropriately.
- The recipients will perform initially subcutaneous implantation of PDX fragments in NSG mice. Furthermore, they understand that some models can take as long as 200-300 days from cryopreservation before tumor is of sufficient size for passage (1000-2000 mm³).
- The recipients will bank cryopreserved material per the PDMR SOP. Replacement vials will not be provided for free if the recipients fail to establish their own stock.
- If requesting CAFs, the recipient acknowledges the limited lifespan of these non-transformed cultures.
- Partial cost recovery remittance can be made by (i) electronic ACH payment (contact us for details) or (ii) mailed paper check made out to the “Leidos Biomedical Research.” These monies will then be transferred to the National Cancer Institute.

PI Signature:	Date:
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Section 5: Model Selection Criteria and Research Plan

If requesting CAFs, be sure to supply sufficient justification why the proposed research should be considered over other requestors. CAFs are non-renewable by the PDMR and once distribution material is used up, no further material will be available.

If requesting multiple cellular fractions (i.e., viably cryopreserved fragments for PDX generations, RNA, DNA, flash-frozen fragments), be sure to also include a brief description of each.

Project Title:**Model Selection Criteria and Research Plan (maximum 2 pages):**

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Model Selection Criteria and Research Plan (maximum 2 pages):