

## PDMR Application Submission Checklist

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- Completed NCI PDMR request form
  
- Partially Executed NCI MTA Agreement
  
- For Cryopreserved PDX Fragments ONLY:
  - Proof of NOD.*Cg-Prkdc*<sup>scid</sup> *Il2rg*<sup>tm1Wjl</sup>/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](mailto:NCI_PDM_Repository@mail.nih.gov)

## NCI Patient Derived Models Repository (PDMR): Domestic Request

### Section 1: Applicant Information

<b>PI Name:</b>		<b>PI Title:</b>	
<b>PI Phone:</b>		<b>PI E-mail:</b>	
<b>Affiliation/Institution:</b>		<b>Address:</b>	
<b>Organizational Structure:</b> <input type="checkbox"/> Government <input type="checkbox"/> Academic <input type="checkbox"/> Non-profit <input type="checkbox"/> Commercial/Pharmaceutical			

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

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

### Section 3: Billing Information

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

### 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 mm<sup>3</sup>).
- 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 must be made **by check** made out to the “**Leidos Biomedical Research.**” These monies will then be transferred to the National Cancer Institute.

<b>PI Signature:</b>	<b>Date:</b>
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**Section 5: 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.

<b>Project Title:</b>
<b>Research Plan (maximum 2 pages):</b>

**Project Title:**

**Research Plan (maximum 2 pages):**