

Biobank Phase 2 Eligibility Questionnaire

Type of organization (required)

- ☒ Non-Profit
- ☐ For-Profit

Is the organization located in Massachusetts? (required)

- ☒ Yes
- ☐ No

Is your organization in compliance with all Center agreements? (required)

- ☒ Yes
- ☐ No

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Drafts may be visible to the administrators of this program.

Biobank Phase 2 - Intent to Participate

MLSC Biobank Program

Welcome to the MLSC Biobank Program – Intent to Participate Form.

We are excited to engage institutions across Massachusetts in building a statewide, disease-specific biobank that is both diverse and accessible. Please note that this program is designed for **institution-wide participation** rather than individual investigators or laboratories.

We appreciate your commitment to advancing equitable research and look forward to collaborating with you.

Contact Information

Organization Name (required)

City/Town (required)

Zip Code (required)

Lead Contact (required)

First Name Last Name

Position/Title of Lead Contact (required)

Email of Lead Contact (required)

Phone Number of Lead Contact (required)



Please include any key stakeholders at your organization that you would be working with for participating in the MLSC Biobank Program:



	A	B	C	D	E
1		Collaborators			
2		Name	Position	Expertise	Disease area focus
3	1				
4	2				
5	3				
6	4				
7	5				
8	6				
9	7				
10	8				

Include only the team leads. We are not seeking an exhaustive list. As the program proceeds, there will be an opportunity to add other contributors.

Select the disease area(s) you want to participate in

☐ Colorectal Cancer

☐ Alzheimer's Disease

This program is collecting new samples. Please enter an overall estimate of the number of consented colorectal cancer patient samples you expect to have in the first year of the program (not specific to tissue type) (required)

This program is collecting new samples. Please enter an overall estimate of the number of consented Alzheimer's patient samples you expect to have in the first year of the program (not specific to tissue type) (required)

Please describe any prior biobanking experience you or your team might have (required)

Limit: 200 words

How did you hear about the program? (required)

- ☐ Social Media
- ☐ MLSC Newsletter/Website
- ☐ Third Party (MassBio, MassMedic, etc.)
- ☐ MLSC Team Member
- ☐ Other (specify below)

☐ **Select for the lead contact to receive email notices and updates from the MLSC newsletter** (required)

Thank you for your interest in the MLSC Biobank Program. If you have any questions or need assistance, please contact us at BioBank@masslifesciences.com

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