

The OSUCCC Leukemia Tissue Bank

Your input is important because these questions will be utilized to assess the effectiveness of the OSUCCC LTB and to plan for its future. The last section of questions is optional, but your responses will help us to identify trends that may dictate future service enhancements.

Name of Principal Investigator: _____
 Name of person completing form: _____
 Institution: _____ Date: _____
 OSU Protocol Title: _____

	Very satisfied	Satisfied	O.K.	Not satisfied
Responsiveness and helpfulness of LTB staff.				
Completeness and accuracy of standard data provided with the specimens (tissue type[s], diagnosis)				
Was the tissue prepared according to the specifications of your LTB application or as agreed-upon with the LTB Steering Committee?				
How well were you satisfied with the numbers of specimens received?				
How would you rate the overall quality of the tissue you received?				
Overall satisfaction with LTB services.				
Please rate the importance of LTB tissue samples to your research: <input type="checkbox"/> Critical/very important <input type="checkbox"/> Useful <input type="checkbox"/> Marginally useful <input type="checkbox"/> Not useful				

Did any publications result from use of this material? If yes, please provide a list of the publications. (Attach pages as needed) YES NO

Has the use of LTB tissue helped you in obtaining research funding? If yes, please list the funding source, project numbers, and funding dates. (Attach pages as needed). YES NO

Does your research require more information than the standard sample information provided by the LTB? YES NO
 If yes, what information additional is required?

Was sample viability acceptable for your requirements? YES NO
 If no, please explain.

Could your research use specimens with more complete clinical and outcome data?
If yes, please indicate data types.

YES NO

Did LTB staff provide assistance in obtaining and understanding application materials?

YES NO N/A

YES NO

What other sources of tissue do you utilize?

- Tissue procurement services or tissue banks at your institution
- Other government-sponsored tissue procurement services
- Other academic tissue banks
- Commercial tissue procurement services or tissue banks
- Other (Please specify):

For what type(s) of studies did you utilize LTB materials? (Check all that apply)

- RNA isolation DNA isolation Protein isolation microRNA analysis (miR) Gene sequencing/genotyping
- RT/PCR RNA amplification Microarray gene expression profiling PCR FISH/CGH Proteomics
- Gene mapping/SNP analysis Mutation analysis/sequencing Enzymology Immunoblot/immunoprecipitation
- Drug therapy Gene therapy Pharmacogenomics Pharmacokinetics Serology/antibody studies
- Biomarker analysis of serum/urine/etc. Other (Please specify below):

Comments and suggestions for improvement:

PLEASE PRINT AND FAX THE COMPLETED SURVEY TO: DONNA BUCCI, 614-292-5890

Thank you for taking the time to complete this questionnaire. If you have any questions or comments relating to this evaluation, please contact the LTB manager: donna.bucci@osumc.edu.