

DCTD Tumor Repository - International Request Form		
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## DCTD Tumor Repository International Request Form

### *Application Submission Checklist*

- Completed DCTD Tumor Repository Request Form
- Partially Executed MTA Agreement
- Letter of Request
- Partial Cost Recovery Method (select one):
  - ACH
  - Wire Transfer

Type all information and email completed documentation in a single e-mail to:

[DCTDTumorRepository@mail.nih.gov](mailto:DCTDTumorRepository@mail.nih.gov)

**Section 1: Applicant Information**

<b>PI (Recipient Investigator) 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: Billing Information**

<b>ACH and Wire Transfers: Made payable to “<u>Leidos Biomedical Research</u>”</b>
<b>PO# (only if required for purposes of invoicing)</b>
<b>Billing Contact Name:</b> <input type="checkbox"/> Same as PI Above
<b>Billing Contact Phone:</b>
<b>Billing Contact E-mail (for Invoice):</b>
<b>Billing Address:</b>