

## SICCA Sjögren's International Collaborative Clinical Alliance Specimen Request Form

Annie Chou, UCSF, 513 Parnassus Avenue, San Francisco, CA 94143-0500  
415-502-7052 (voice) • 415-476-9370 (fax) • annie.chou@ucsf.edu

**SJÖGREN'S SYNDROME CASE DEFINITION:** based on the new American College of Rheumatology Classification Criteria for Sjögren's syndrome (Shiboski et al, 2012)\*

A "case" is defined as having two out of three of the following objective tests:

- Serology positive for anti-SSA and/or SSB antibodies **OR** (positive rheumatoid factor **and** ANA titer  $\geq 1:320$ ).
- Ocular staining score  $\geq 3$
- Presence of focal lymphocytic sialadenitis with a focus score  $\geq 1$  focus/4 mm<sup>2</sup>;

A "control" may be defined as being negative for all objective tests included in the case definition above, however, applicants may wish to propose an alternative definition for a control in their proposed plan.

**Request for Biospecimens: Please check all that apply and specify the minimum amount required for your assay. (ie: 25  $\mu$ l). Note: write N/A if some of the options don't apply to your request**

<input type="checkbox"/> PBMC (maximum is 1 vial/case) (approximately 10 million cells/ml/vial) # ACR SS phenotype: _____ # Controls : _____	<input type="checkbox"/> Plasma: # ACR SS phenotype: _____ $\mu$ l/case: _____ # Controls : _____ $\mu$ l/case: _____
<input type="checkbox"/> Saliva – Parotid # ACR SS phenotype: _____ $\mu$ l/case: _____ # Controls : _____ $\mu$ l/case: _____	<input type="checkbox"/> Saliva – Whole # ACR SS phenotype: _____ $\mu$ l /case: _____ # Controls : _____ $\mu$ l/case: _____
<input type="checkbox"/> Serum # ACR SS phenotype: _____ $\mu$ l/case. _____ # Controls : _____ $\mu$ l/case: _____	<input type="checkbox"/> Tears on Schirmer Strips (half of a strip in a cryovial) # ACR SS phenotype: _____ # Controls : _____
<input type="checkbox"/> RNA Ocular Imprints (on mixed cellulose ester membranes 13 millimeter in diameter, half circle in a cryovial) # ACR SS phenotype: _____ # Controls : _____	If you are requesting multiple specimens, do you require matched samples? (ie: sets of specimens from the same individuals)  <input type="checkbox"/> Yes  <input type="checkbox"/> No

<input type="checkbox"/> <b>DNA</b> Genomic DNA isolation is performed utilizing standardized and quality controlled <a href="#">Gentra Systems'</a> PureGene DNA isolation system or Qiagen kits .  Check format <input type="checkbox"/> 96-well plate _____ #of wells/case <input type="checkbox"/> 2 ml microfuge tube DNA Concentration _____ Final DNA volume (µl) _____  # ACR SS phenotype: _____  # Controls : _____	<input type="checkbox"/> <b>Labial salivary glands</b>  <input type="checkbox"/> <b>Paraffin-embedded:</b> # ACR SS phenotype: _____ No. of slides per case: _____ No. of 5 µm sections/slide: _____  # Controls : _____ No. of slides per case: _____ No. of 5 µm sections/slide: _____  <hr/> <input type="checkbox"/> <b>Frozen glands:</b>  # ACR SS phenotypes: _____  # Controls : _____
--	---

**SHIPPING INFORMATION**

We will ship your specimens via Federal Express. Please provide recipient's name and exact shipping address and phone number.

Recipient's Name: \_\_\_\_\_

Address (please include exact street address, room number, city, state, zip code and country):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

Email address:

\_\_\_\_\_

To cover the cost of shipping please provide your Federal Express Account number:

\_\_\_\_\_

\_\_\_\_\_

\* Shiboski SC, Shiboski CH, Criswell LA, Baer AN, Challacombe S, Lanfranchi H, *et al.* American college of rheumatology classification criteria for Sjogren's syndrome: a data-driven, expert consensus approach in the Sjogren's international collaborative clinical alliance cohort. *Arthritis Care Res* 2012;64:475-487.

*Please note that any leftover specimens cannot be returned to the SICCA repository without prior approval by the SICCA Coordinating Center.*