

BIO-FOR-007/B

1. PETITIONER RESEARCHER

Surname:

Name:

Institution and/or Department:

Postal Address:

City:

Zip Code:

Country:

Telephone:

E-mail:

2. PROJECT

TITLE:

CODE (depending on **call for project (convocatoria):**

ABSTRACT

(including detailed Project rationale for the sample need and the required protocols)

ESPECIFIC TARGETS from requested samples' analysis

PROJECT'S FUNDING (budget and financial sources)

(attach supporting documents)

QUOTE 5 RELEVANT PUBLISHED PAPERS MADE BY THE RESEARCH GROUP in the last 3 years.

Include complete paper title, authors' names (3 first ones), complete journal's name.

ETHICAL COMMITTEE APPROVAL

Attach the Hospital Universitari de Bellvitge Ethical Committee Inform or the petitioner Institution's Ethical Committee.

Ref. CEIC:

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3. REQUESTED SAMPLES

3.1 TUMOR BANK SAMPLES

Tissue type / neoplasia:

Number of cases :

Selection Criteria:

FROZEN SAMPLES

	Total nº tube	Total nº OCT	Total nº OCT sections
<input type="checkbox"/> Tumor			
<input type="checkbox"/> Normal			

Other conditions or characteristics:

Characteristics comments:

PARAFFIN SAMPLES (formaldehyde fixation)

<input type="checkbox"/> Tumor	<input type="checkbox"/> Slides	<input type="checkbox"/> Pieces
<input type="checkbox"/> Normal	Nº of sections/case:	Nº of sections/case:
	Thickness (µm):	Thickness (µm):
	Staining:	
	<input type="checkbox"/> Normal Slides	
	<input type="checkbox"/> Charged Slides	
	Comments:	Comments:

3.2 CENTRAL NERVOUS SYSTEM BANK SAMPLES

Requested Neurological disease:

Disease Stage:

Number of cases:

Requested area description:

Required post-mortem delay:

Other conditions or characteristics:

TISSUE

<input type="checkbox"/> Formaldehyde Fixation		
<input type="checkbox"/> Frozen Tissue Block		
<input type="checkbox"/> Crioprotected Tissue Block		
<input type="checkbox"/> Paraffin Block	Nº of sections/case:	Thickness (µm):

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3.3 ICO BIOBANK SAMPLES (NON-TUMOR FLUID SAMPLES)

Muestras líquidas

- | | | |
|--|--------------|------------------------|
| <input type="checkbox"/> DNA | Volume (µl): | Concentration (mg/ml): |
| <input type="checkbox"/> RNA | Volume (µl): | Concentration (mg/ml): |
| <input type="checkbox"/> Blood Serum | Volume (µl): | |
| <input type="checkbox"/> Plasma | Volume (µl): | |
| <input type="checkbox"/> Urine | Volume (µl): | |
| <input type="checkbox"/> Ascitic Fluid | Volume (µl): | |

Collection they belong to:

Number of cases:

Others conditions or characteristics:

Cells

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> Lymphocytes | Number: |
| <input type="checkbox"/> Leukocytes | Number: |

Collection they belong to:

Number of cases:

Other conditions or characteristics:

3.4 NON-SOLID SAMPLES RELATED TO KIDNEY TRANSPLANTS

Fluid Samples

- | | |
|--------------------------------------|--------------|
| <input type="checkbox"/> Blood Serum | Volume (µl): |
| <input type="checkbox"/> Plasma | Volume (µl): |

Collection they belong to:

Number of cases:

Other conditions or characteristics:

Cells

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> PBMCs | Number: |
| <input type="checkbox"/> Splenocytes | Number: |

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Collection they belong to:

Number of cases:

Other conditions or characteristics:

3.5 FLUID SAMPLES FROM NEUROLOGICAL AND MUSCULAR DISEASES

DNA / RNA

- | | | |
|------------------------------|--------------------|------------------------|
| <input type="checkbox"/> DNA | Volume (μ l): | Concentration (mg/ml): |
| <input type="checkbox"/> RNA | Volume (μ l): | Concentration (mg/ml): |

Requested Kind of Neurological Disease:

Number of cases:

Sample's origin description:

Blood Serum / Plasma

- | | |
|--------------------------------------|--------------------|
| <input type="checkbox"/> Blood Serum | Volume (μ l): |
| <input type="checkbox"/> Plasma | Volume (μ l): |

Requested Kind of Neurological Disease:

Number of cases:

Additional Sample Characteristics:

Cerebrospinal Fluid (CSF)

- | | |
|------------------------------|--------------------|
| <input type="checkbox"/> CSF | Volume (μ l): |
|------------------------------|--------------------|

Requested Kind of Neurological Disease:

Number of cases:

Additional Sample Characteristics:

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4. BIOLOGICAL SAMPLE USE COMMITMENT

According to the current legislation (Ley 14/2007 de Investigación Biomédica y Real Decreto 1716/2011), the consignee petitioner researcher is committed to:

1. Use the donated material only for the submitted and approved project purpose.
2. Guarantee the samples' traceability. The researcher undertakes not to donate the samples or data to a third party without the appropriate Biobank's consent.
3. To assume the total responsibility of the biosafety measures that are stated by the current legislation, related to the human sample transport, manipulation and destruction. It is assumed to the Project involved personal training to the risk and safety applicable procedures.
4. Guarantee the validated and relevant genetic information related to the health obtained from samples' analysis. Researcher commits to inform HUB-ICO-IDIBELL Biobank about the genetic information obtained from samples' analysis.
5. Destroy or return to Biobank the remainder material once the study is over.
6. Inform about the samples' origin as from Biobank in the possible generated papers by the samples use, with the following sentence: *"Sample and data provided by Biobanc HUB-ICO-IDIBELL, funded by Instituto de Salud Carlos III. Work supported by the Xarxa de Bancs de Tumors de Catalunya sponsored by Pla Director d'Oncologia de Catalunya"*.
7. To send in a year period the research annual report, and a copy of the published research abstract or articles.
8. To pay que sample process, storage and transport and application management charges.

As standard, Biobank will not include samples wich has recognised infectious capacity or contagious. As it is impossible to know exactly all the samples, Biobank is not responsible of the possible infectious capacity of the supplied material and does not guarranty its sterility.

The supplied samples fullfill the quality standards of Biobank, but as they are experimental material, they can have non determined characteristics and Biobank can not be responsable for that.

The petitioner agrees and commits to fullfill the regulations about the supplied samples.

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5. SHIPMENT DETAILS

Contact Person:

Laboratory:

Institution and/or Department:

Delivery address:

City:

Zip Code:

Country:

Telephone:

E-mail:

6. INVOICING DETAILS AND CONDITIONS

Company name / client:

Fiscal Identification Number (VAT N°):

Invoicing address:

City:

Zip Code:

Country:

Telephone:

E-mail:

Charges associated to the application will be communicated once it is approved.

The payment will be done by bank transfer to the invoice specified account number. The payment will be done in the period between the next 30 days after the invoice emission.

Main Researcher Signature:

Date:

Re-send this application with the rest of documents attached to BIOBANC HUB-ICO-IDIBELL
Coordination. E-mail address: biobanc@idibell.cat.

(Filed by Biobank)

Application Code:

Application entry date :

Application output date: