## Name of the project

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|       |

## Description of the project

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| Aims of the study, study design, scientific value and significance, translation to clinical application (max. 500 words)     Timetable of the study     Funding of the project |

## Applicant information

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| **Applicant (person in charge of the project; Principal Investigator)** |
| Name:      Address :      Telephone number:      Email:      **Contact person (if other than applicant)**Name:      Address :      Telephone number:      Email:       |
| **Organisation for the study (Signatory of Material Transfer and Data Processssing Agreement (MTA/DPA))**Name of organisation:      Organisation’s address:      Business ID:      **Major collaborators outside the applicant’s organisation**Name:      Organisation:      Email:      Name:      Organisation:      Email:      Name:      Organisation:      Email:       |
|  |  |

**Other important contact information (i.e. research coordinator, laboratory personnel)**

Name:

Organisation:

Email:

Name:

Organisation:

Email:

## A detailed description of the requested samples and data (use detailed sample form if needed)

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| **Sample type and number**       |
| **Requested data related to the samples**     **Special requirements for storage and transportation** **or other requirements** (if applicable)     **Delivery address for the samples** |
|       |
| Contact person for delivery:      Telephone number:      Email:       |

## 5. Attachments submitted with the request

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| 1. Favourable opinion by an ethics committee
2. Research plan (separate form, max 4 pages)
3. Applicant’s CV
4. Applicant’s 10 most relevant publications
5. Data management document
6. Other attachments, specify/number:
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## 6. Public description of the project

Please provide a short (max 5 sentences) description of the project that can be published on the FHRB Biobank’s website. This is intended as information for the sample donors.

## 7. Invoicing address

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| Company/Organisation:       |
| Business ID:      Reference:       |
| Address:       |

## 8. Approval/denial for contacting

## If the biobank receives an application for a research project that is overlapping goals and sample request to the present application, we agree that we can be contacted for potential collaboration:

YES

NO

## 9. Signature

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| **Principal investigator**Date and place:      Signature: Printed name:       |
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