## 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

|  |  |
| --- | --- |
| **Applicant (person in charge of the project; Principal Investigator)** | |
| Name:  Address :  **Contact person (if other than applicant)**  Name:  Address : | Telephone number:  Email:  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)

|  |  |
| --- | --- |
| **Sample type and number** | |
| **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: |

## 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

|  |  |
| --- | --- |
| 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

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