## 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    Assessment of the statistical power of the proposed project with applied samples    Funding of the project |

## Applicant information

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| --- | --- |
| **Applicant (person in charge of the project)**  Name:  Address :  **Contact person (if other than applicant)**  Name:  Address : | Telephone number:  Email:  Telephone number:  Email: |
| **Organisation for the study (Signatory of Material Transfer Agreement (MTA))**  Name of organisation:  Organisation’s address:  Business ID:  **Collaborators**  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** (if applicable)    **Delivery address for the samples** | |
|  | |
| Contact person: | 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. Other attachments, specify/number: |

## 6. Invoicing address

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

## 8. Signature

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| --- | --- | --- |
| **Principal investigator**  Signature:  Printed name: | Date and place: | |
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| Filled in by FHRB Biobank | |
| Project number |  |
| Received |  |
| Recipient |  |
| Approved/reject |  |