This samples and/or data request form is the first formal step to request IDIBGI Biobank’s material. Basic information about the applicant, the samples and/or data requested, the project and the expected experiments are requested in this form. ***The fields indicated with an asterisk (\*) are mandatory.*** Once the form is filled it must be sent to biobanc@idibgi.org. It is essential to send the approval of the research project by the local Clinical Research Committee.

Once the documentation is received and the availability of the samples and/or data is confirmed, the Biobank will process the request to the Ethic Committee and the External Scientific Committee (according to the Royal Decree 1716/2011). These will assess the sample and/or data request and the research project, and will guarantee an ethical, legal and rational use of the samples that the Biobank puts at the scientific community’s disposal. Only the applications with a positive assessment by both committees and the approval from the Biobank’s scientific director will proceed. Moreover, it will also be necessary the approval of the application by the Collection’s Internal Scientific committee in the pertinent cases.

Finally, before or at the time of sending samples, the Material Transfer Agreement (MTA) between the recipient researcher and the Biobank will be signed.

Please contact us for any doubt or comment, via telephone 872.98.70.87 (Ext. 19/32) or email biobanc@idibgi.org.

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| **1. PRINCIPAL INVESTIGATOR** |

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| **PRINCIPAL INVESTIGATOR\*** |
| **Full name:** |       |
| **National Identity Card Number:** |       |
| **Department:** |       |
| **Institution:** |       |
| **Address:** |       |
| **Phone number:** |       |
| **e-mail:** |       |

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| **2. PROJECT INFORMATION** |

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| **PROJECT\*** |
| **Project title\*:** |       |
| **Funding agency\*:** |       |
| **Project reference\*:** |       |

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| **Summary of the project:**(maximum 100 words) |       |
| **Specific issues:**(maximum 100 words) |       |
| **Methodology:**(Justify the need of samples: in terms of type, number and amount of each sample)(maximum 100 words) |       |
| **Publications:**(Please mention the last 5 relevant articles published by the researchers) |       |
| **Project funding agency:** | [ ]  Private:  | [ ]  Public. Project nº.:       |

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| **DOCUMENTS TO BE ENCLOSED** |
| [ ]  | Request form sent to the Ethics Committee for approval |
| [ ]  | Approval by the Ethics Committee |
| [ ]  | Document accrediting the funding of the project |
| [ ]  | Others: ……………………………………………………………………… |

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| **3. REQUESTED SAMPLES** |

**3.1. CENTRAL NODE SAMPLES**

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| **Sample category\*:** |
| [ ]  Serum  | [ ]  Urine: | [ ]  Biopsy: |
| [ ]  EDTA Whole blood |  | [ ]  Whole |  | [ ]  Type: |
| [ ]  EDTA Plasma  |  | [ ]  Centrifuged |  |  |
| [ ]  EDTA *Buffy coat*  |  | [ ]  Filtered | [ ]  Cerebrospinal fluid: |
| [ ]  EDTA Erythrocytes |  | [ ]  Sediment |  | [ ]  Centrifuged |
| [ ]  Citrate plasma |  |  |  | [ ]  Sediment |
| [ ]  Citrate *Buffy coat*  | [ ]  Adipose tissue: |  |
| [ ]  Heparin Plasma  |  | [ ]  Visceral | [ ]  Other (specify): |
| [ ]  DNA |  | [ ]  Parietal |  |
| [ ]  RNA |  | [ ]  Thyroidal |   |
| [ ]  Faeces |  | [ ]  Other: |  |

**Requested material characteristics\*:**

* Number of cases and/or samples requested:
* Selection criteria (pathology, age, gender, …):
* Additional comments to consider for the sample selection:

**3.2. TUMOR BANK SAMPLES / ANATOMIC PATHOLOGY**

**Type of samples and cases\*:**

* Tissue type:
* Neoplasm type:
* Regular tissue from the same donor: Yes [ ]  No [ ]
* Number of cases and/or samples required:
* Clinical characteristics of the case or other specifications:

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| **Requested material characteristics:** |
| [ ]  Fresh tissue | Size:        |
| [ ]  Histological slides of frozen tissue in coverslip | Number of slides:        Thickness:         |
| [ ]  Histological slides of frozen tissue in tube | Number of tubes:         |
| [ ]  Histological slides of paraffin in coverslip | Number of slides:        Thickness:         |
| [ ]  Histological slides of paraffin in tube | Number of tubes:        |
| [ ]  RNA from frozen tissue (0,5μg aliquot ) | Number of aliquots:        |
| [ ]  DNA from frozen tissue (1μg aliquot ) | Number of aliquots:        |
| [ ]  RNA from paraffin-embedded tissue (0,5μg aliquot ) | Number of aliquots:        |
| [ ]  DNA from paraffin-embedded tissue (1μg aliquot ) | Number of aliquots:        |
| [ ]  TMA (*Tissue Microarrays*) | Cores diameter:        Number of copies per core:         |
| [ ]  Other simple processing specifications:        |

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| **4. REQUESTED DATA** |

The samples will be provided with minimum information which includes the following parameters: gender, age at the time of the sample’s collection and sample’s group and collection.

Any other additional information must be requested and will be subject to the expressed authorisation from the Clinical Investigation Ethical Committee.

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| **Additional information\*:** |       |
| **Justification of the need for this additional information:** |       |

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| **5. GENERAL CONDITIONS** |

The sample’s use by the recipient must come to terms with the Law 14/2007on Biomedical Research, being **mandatory** for the recipient to meet the obligations contained in the Material Transfer Agreement signed by the recipient researcher and the Biobank.

Thus, the RECIPIENT commits to the following responsibilities:

1. To use the supplied MATERIAL exclusively for carrying out the presented PROJECT, this was previously evaluated by its relevant Ethics Committee. In the event of a substantial change in the development of the PROJECT that affects the use of the MATERIAL, the RECIPIENT must inform the BIOBANK, which will expressly decide on the authorization of the new use of the MATERIAL.
2. To safeguard and ensure the traceability of the samples.
3. Not to give the MATERIAL to other researchers and/or institutions who are not included in the initial PROJECT.
4. To guarantee the confidentiality of the samples and data at all times.
5. To assume responsibility for the proper and safe handling of the MATERIAL under appropriate biosafety conditions and by trained personnel in the RECIPIENT's laboratory in order to ensure appropriate risk containment. The transferred MATERIAL may contain viruses, latent viral genomes and other infectious agents.
6. To inform the BIOBANK and ensure access to the corresponding data, if in the course of the research a finding relevant for the health of the donor or his/her relatives is obtained.
7. To mention the origin of the MATERIAL in all communications and scientific publications resulting from the research using the aforementioned samples and/or data, with the following formulations in conjunction:

To Materials and Methods:

* **CENTRAL NODE SAMPLES:** “*Samples and data from patients included in this study were provided by the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network and they were processed following standard operating procedures with the appropriate approval of the Ethics and Scientific Committees*”.
* **TUMOR BANK SAMPLES:** *Samples and data from patients included in this study were provided by the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network and in the Xarxa de Bancs de Tumors de Catalunya (XBTC) financed by the Pla Director d’Oncologia de Catalunya, and they were processed following standard operating procedures with the appropriate approval of the Ethics and Scientific Committees*”.
* **FATBANK SAMPLES:** “*Samples and data from patients included in this study were provided by the FATBANK platform promoted by the CIBERobn and coordinated by the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network and they were processed following standard operating procedures with the appropriate approval of the Ethics, External Scientific and FATBANK Internal Scientific Committees*”.

To acknowledgements:

* + - **CENTRAL NODE SAMPLES:** “*We want to particularly acknowledge the patients and the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network, for their collaboration*”.
		- **TUMOR BANK SAMPLES:** *“We want to particularly acknowledge the patients and the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network and in the Xarxa de Bancs de Tumors de Catalunya (XBTC) financed by the Pla Director d’Oncologia de Catalunya, for their collaboration*”.
		- **FATBANK SAMPLES:** “*We want to particularly acknowledge the patients, the FATBANK platform promoted by the CIBERobn and the IDIBGI Biobank (Biobanc IDIBGI, B.0000872), integrated in the Spanish National Biobanks Network, for their collaboration and coordination”.*

**[ ]  By checking this box the applicant commits to respect all the sample’s use regulations and to sign subsequently the Material Transfer Agreement.**

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| **6. DATA FOR SHIPING AND INVOICING** |

**DATA FOR SHIPING\***

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| **Full name:** |       |
| **National Identity Card Number:** |       |
| **Department:** |       |
| **Institution:** |       |
| **Address:** |       |
| **Phone number:** |       |
| **e-mail:** |       |
| **Courier for sample shipping:** |       |
| **Client ID/Account:** |       |

**DATA FOR INVOICING\***

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| **Principal investigator:** |       |
| **Legal representative of the institution:** |       |
| **Institution:** |       |
| **Address:** |       |
| **Tax Identification Number:** |       |
| **Charging account code:**  |       |
| **Bank:** |       |
| **Account holder:** |       |

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| **7. CONFORMITY** |

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| **COMMENTS:**       |

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| --- | --- |
| **Principal investigator:**       | **Signature:** |
| **Date:**       |