Access Application Form

Project title (and trail number, if applicable):	
Objectives:	
Sponsor & Partners, including any industrial or commercial partners:	
Principal Investigator (leading institute):	Name: Address: Phone: E-Mail:
Co-Principal Investigator(s):	Name:

Project approved by Competent Ethics Committee?

☐ **YES** ☐ **NO**

If YES, please attach the approval letter. If NO, give date of submission:

To be filled out by Collaborative Biobank Team only:

CoBi Application Number:

Sample Requirements.

In which concentration should the CoBi samples be provided?

Concentration [ng/µl] in 50 µl Samples will be provided in TE buffer (10 mM Tris, 1 mM EDTA pH8). *Please state if you want another buffer (e.g. ddH_2O)*	☐ 20 ng/µl (Quantity 1000 ng)
	☐ 10 ng/µl (Quantity 500 ng)
	☐ 2.0 ng/µl (Quantity 100 ng)

As standard the samples are sent in 2D barcode tubes.

Please specify if the samples should be delivered in a Framestar 96 Well skirted PCR plate (Order no. 4ti-0960/C) instead. ☐

If applicable,

☐ The medical data for the samples are also requested. *If so, please hand in a list of necessary data .*

Necessary Documents for Application

The following information and documents have to be added to this application form:

☐ Lay summary (200 words or less) of the research project, including an explanation of how it meets the Research Framework of the Collaborative Biobank

☐ Study protocol

☐ Ethical Approval letter of the competent Ethics Committee

☐ Information regarding data security measures taken

Date [dd/mm/yyyy]

Signature of the Principal Investigator

In case of questions please contact: contact@cobi-biobank.com.

PLEASE NOTE: After the positive evaluation by the Scientific Committee a Standard Transfer Agreement must be signed.