

Access Application Form

For completion by the Collaborative Biobank Team only:
CoBi Application Number: CoBi-YY-NN



Access Application Form

With this form, you can apply for access to Biobank resources in accordance with the Access Policy. We kindly ask you to complete the form. Thank you very much.

1 General information

Project title:	
Trial Number (if applicable):	
Objectives:	
Principle Investigator or Head of research project (name and contact details):	Name: Address: Phone: E-Mail:
Co- Investigator(s):	Name:
Project Sponsor (and Partners, if applicable):	

2 Ethical approval

Is the project approved by the responsible Institutional review board or competent ethics committee?

YES

NO

If YES, please attach the approval letter. If NO, give date of submission (DD.MM.YYYY): _____
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3 Data requested:

Please check appropriate box and submit a data list specifying relevant data sets and data characteristics, if applicable.

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- Data research only (Section 4 is not applicable)
- Medical data linked to the biobanked samples (please complete section 4 and refer to attachment)

4 Samples requested:

Please check appropriate box(es) and indicate sample source and quantity. Please use comment section for additional details regarding sample characteristics.

DNA

DNA samples are routinely provided in a Framestar 96 Well Skirted PCR Plate in TE buffer (10 mM Tris, 1 mM EDTA pH8). **Please specify if you would like a different buffer (e.g., ddH₂O) or if the samples should be delivered in alternative format, e.g. in 2D barcode tubes instead.**

<input type="checkbox"/> Stem cell donor Quantity: <input type="checkbox"/> 1000 ng (20ng/μl) <input type="checkbox"/> 500 ng (10ng/μl) <input type="checkbox"/> 100 ng (2ng/μl) Total number of samples requested: _____	<input type="checkbox"/> Patient Quantity: <input type="checkbox"/> 1000 ng (20ng/μl) <input type="checkbox"/> 500 ng (10ng/μl) <input type="checkbox"/> 100 ng (2ng/μl) Total number of samples requested: _____
Comments:	

PLASMA

<input type="checkbox"/> Stem cell donor Quantity 200 μl Total number of samples requested: _____	<input type="checkbox"/> Patient Quantity 200 μl Total number of samples requested: _____
Comments:	

VIABLE CELLS

<input type="checkbox"/> peripheral <u>Donor blood</u> Quantity: ~5 x 10 ⁶ mononuclear cells	<input type="checkbox"/> peripheral <u>Patient blood</u> Quantity: ~5 x 10 ⁶ mononuclear cells	<input type="checkbox"/> <u>PBSC product</u> Quantity: ~2.5 x 10 ⁷ mononuclear cells
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Total number of samples requested: _____	Total number of samples requested: _____	Total number of samples requested: _____
Comments:		

5 Necessary Documents for Application

The following information and documents must be included with this application form:

- A Summary (200 words or less) of the research project, including an explanation of how it aligns with the Research Framework of the Collaborative Biobank
- The study protocol, including the cohort of interest, specifications regarding samples and/or data to be requested, planned analyses and statistical considerations,
- Valid approval letter of the competent Institutional review board or competent ethics committee
- Details regarding data security measures taken

Date (DD.MM.YYYY)

Signature of the Principal Investigator

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