

Attachment C

Access Application Form

Project title (and trail number, if applicable):

Summary:

Objectives:

Sponsor:

Principal Investigator:

Co-Principal Investigator(s):

| | |
|---|---|
| Please name any industrial or commercial partners: | |
| Contact Principal Investigator | Name: Address: Phone: Fax: Email: Website: |
| Competent Ethical approval exist | <input type="checkbox"/> YES <input type="checkbox"/> 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: _ _ _ _ _ - _ _ _ _ _ - _ _ _ - _ _ _ |
|--|

Template for samples required from the Collaborative Biobank.

Please give as many details as possible for sample type(s) and specifications.

| | |
|-----------------------------------|---|
| Concentration [ng/μl] in 50 μl | <input type="checkbox"/> 20 ng/μl (Quantity 1000 ng) <input type="checkbox"/> 10 ng/μl (Quantity 500 ng) <input type="checkbox"/> 2.0 ng/μl (Quantity 100 ng) |
|-----------------------------------|---|

If applicable,

- The medical data for the samples are required (detailed information will be requested later).

The following information and additional documents have to be added to the application:

- Lay summary (200 words or less) of the research project, including an explanation of how it meets the Research Framework of the Collaborative Biobank;
- Name and Address of the leading institute;
- Study protocol;
- Ethical approval letter by the competent Ethics Committee for the research project (if applicable);
- List of necessary data and samples including categorization (e.g., age, gender, diagnosis).

If applicable;

- Information addressing data security and privacy of the research project.

If necessary;

- Storage Protocols in case remaining material should be stored.

Date [dd/mm/yyyy]

Signature of the Principal Investigator

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