

## Access Application Form

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

### Project approved by Competent Ethics Committee?

YES

NO

If YES, please attach the approval letter.

If NO, give date of submission:

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**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). <i>Please state if you want another buffer          (e.g. ddH<sub>2</sub>O)</i>	<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 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

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Date [dd/mm/yyyy]

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Signature of the Principal Investigator

In case of questions please contact: [contact@cobi-biobank.com](mailto:contact@cobi-biobank.com).

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