**Request form - biobank material collected in CPCT studies**

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| --- | --- |
| Name applicant: |  |
| Department: |  |
| Project leader: |  |
| Center: |  |
| Address: |  |
| Email address: |  |
| Direct telephone number: |  |

|  |  |
| --- | --- |
| Request on behalf of a consortium/research collaboration?  If applicable, name of the involved researchers and centers: | Yes / No\* |

\* cross out if not applicable

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| --- |
| Title research project: |

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| Requested materials |
| Tissue/blood/isolated DNA/isolated RNA/plasma\* |
| Number (materials/patients): |
| Material collected within study CPCT-01/CPCT-02/CPCT-03/CPCT-05/DRUP\* |
| Specification of requested materials (tumor type/treatment/recruiting center/CPCT subject numbers/other criteria): |

\* cross out if not applicable

|  |
| --- |
| Aim of the research project |
| Research question: |
| Short methodological description of the project: |

|  |  |
| --- | --- |
| **To be completed by CPCT:** |  |
| Date of application: | … / … / 2017 |
| Requested materials available: | Y / N |
| On DB agenda: | … / … / 2017 |
| Approved: | Y / N |
| MTA sent: | … / … / 2017 |
| MTA signed: | … / … / 2017 |
| Samples handed over: | … / … / 2017 |