**For any information related to this request, please contact with the internal biobank code above.**

**Unless stated otherwise, all fields are compulsory.**

**1. APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **PRINCIPAL INVESTIGATOR (PI)**  *(Main responsible of the project’s grant)* | | | Last Name |  | | Name |  | | Department/Unit |  | | Institution |  | | Postal address |  | | Telephone |  | | E-mail |  |  |  |  | | --- | --- | | **COLLABORATOR INVESTIGATOR (Co-PI)**  *Please fill in this section if you are collaborating within a coordinate, collaborative or multicentric project despite not being the main PI. In such case, please send us some official evidence (i.e. list of Co-IPs in the approved project).* | | | Last Name |  | | Name |  | | Department/Unit |  | | Institution |  | | Postal address |  | | Telephone |  | | E-mail |  |  |  | | --- | | **QUOTE 5 RELEVANT ARICLES PUBLISHED BY THE RESEARCH GROUP in the last 3 years (include title; authors name –at least the first three-; and complete journal reference)** | |  | |  | |  | |  | |  | |  |

**2. PROJECT**

|  |  |
| --- | --- |
| **Title:** |  |

Does the research project approved by your Ethics Committee contemplate in its original version the use of human biological samples?

Yes

No

If negative, it will be required that you present an amendment to your Ethics Committee and send us the certificate.

|  |  |
| --- | --- |
| **FUNDING SOURCE** | |
| Title |  |
| Funding agency/promoter |  |
| Official project code assigned by the funding agency (FIS, SAP,etc.) |  |
| Budget available for the execution of the project |  |
| Health Research Institute to which the applicant institution is attached |  |

|  |  |
| --- | --- |
| **ETHICS FAVORABLE OPINION** | |
| **Please send along with the sample request, the approval of your project by your Ethics Committee.**  In case that your reference Ethics Committee belongs to *Hospital Clínic (HCB),* the approval of the project and the approval of sample request may be processed simultaneously. In this case, it is essential to contact before the Biobank. | |
| Ethics Committee Reference Code *(Only for internal researchers)* |  |

|  |
| --- |
| **PROJECT SUMMARY (max 500 words)** |
|  |
| **SPECIFIC GOALS (max 100 words)** |
|  |
| **PLEASE SPECIFY WHICH EXPERIMENTS WILL BE CARRIED OUT WITH THE REQUESTED SAMPLES (max 100 words)** |
|  |
| Does the research project contemplate in its original description the realization of these experiments?  ☐Yes  ☐No |

**It is recommended to plan the global necessity of samples in order to avoid subsequent applications regarding to the same project.**

**3. PROJECT EXTENSION**

|  |
| --- |
| **NOTE: If you have previously requested samples to the Biobank for this specific project, we consider it as a PROJECT EXTENSION.** In this case, you are required to, **in addition to the corresponding sample section** (sections 4, 5, 6), **provide the following information**:  **REASON FOR THE PROJECT EXTENSION (max 100 words)**  **BRIEFLY DESCRIBE THE EXPERIMENTS TO BE PERFORMED WITH THE PROVIDED PROJECT EXTENSION (max 100 words)** |

**4. SAMPLES FROM THE NEUROLOGICAL TISSUE BANK/ BRAIN BANK**

Select the type of samples that are of your interest:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fragment of frozen brain tissue** | | |  | | | |
| **Histological sections from frozen brain tissue** | | | **Nº of sections** |  | **Thickness** |  |
| **Histological sections from paraffin-embedded brain tissue samples** | | | **Nº of sections** |  | **Thickness** |  |
| **Fragment of brain tissue in formaldehyde** | | |  | | | |
| Orbitofrontal cortex | Temporal cortex | | | Thalamus | | |
| Prefrontal cortex | Insula | | | Hippocampus | | |
| Premotor cortex | Parietal cortex | | | Luys nucleus | | |
| Supplementary motor area | Occipital cortex | | | Meynert nucleus | | |
| Motor cortex | Caudate nucleus | | | Hypothalamus | | |
| Precuneus cortex | Putamen nucleus | | | Substantia nigra | | |
| Anterior cingulate cortex | Pallidus globe | | | Locus coerelus | | |
| Posterior cingulate cortex | Amygdala | | | Pons | | |
| Cerebellar vermis | Dentate nucleus | | | Cerebellar hemisphere | | |
| Cervical spinal cord | Thoracic spinal cord | | | Lumbar spinal cord | | |
| Olfactory bulb | Optic chiasm | | | Pituitary gland | | |
| Pineal gland | Medulla oblongata | | |  | | |
| **Histological sections from cryopreserved brain tissue samples** | | **Nº of sections** | |  | **Thickness** |  |
| **Fragment of cryopreserved tissue** | |  | | | | |
| Prefrontal cortex | Thalamus | | | Spinal cord | | |
| Temporal cortex | Hippocampus | | |  | | |
| Striatum nucleus | Cerebellar vermis | | |  | | |
| **☐ Ventricular CSF (post-mortem)** | | **Nº of aliquots (600µl/aliquot):** | | | | |
| **☐ Other (please specify):** | |  | | | | |

|  |  |
| --- | --- |
| **TYPE OF NEURODEGENERATIVE DISEASES AND NUMBER OF CASES** | |
| Alzheimer’s disease | Nº cases |
| Amyotrophic Lateral Sclerosis | Nº cases |
| Corticobasal dementia | Nº cases |
| Creutzfeldt-Jakob disease | Nº cases |
| Down syndrome | Nº cases |
| Fronto-temporal dementia | Nº cases |
| Huntington disease | Nº cases |
| Lewy Body dementia | Nº cases |
| Multisystemic atrophy | Nº cases |
| Parkinson’s disease | Nº cases |
| Progressive supranuclear paralysis | Nº cases |
| Other (please specify) | Nº cases |

|  |  |  |
| --- | --- | --- |
| **SELECTION CRITERIA** | | |
| Post-mortem delay required | < hours |  |
| Other conditions (please specify, if required: severity, stage of pathology, age, gender, etc.) |  |  |

|  |
| --- |
| **OTHER SPECIFICATIONS** |
|  |

**5. SAMPLES FROM THE TUMOUR AND TISSUE BANK**

|  |
| --- |
| **Tissue/Organ:** |
| **Pathology:** |
| **Total number of cases required:** |
| **Normal tissue from the same case:**  Yes  No |
| **Clinical characteristics and/or other specifications to consider for sample selection:** |
| **Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:** |

Select the type of samples that are of your interest:

|  |  |  |
| --- | --- | --- |
| **Fresh tissue** | Size: | |
| **Histological frozen tissue sections in slides** | Nº slides: | Thickness: |
| **Histological frozen tissue sections in tubes** | Nº tubes: | Nº sections/tube: |
| **Histological paraffin-embedded tissue sections in slides** | Nº slides: | Thickness: |
| **Histological paraffin-embedded tissue sections in tubes** | Nº tubes: | Nº sections/tube: |
| **Sections of TMA (Tissue Microarrays)** | Nº sections: | |
|  | Core diameter: | Nº replicates/core: |
| **Other (please specify):** | | |

**6. SAMPLES FROM THE BIOLOGICAL FLUIDS BANK**

Select the type of samples that are of your interest:

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF SAMPLES** | **NUMBER OF REQUESTED CASES** | **SAMPLE CONCENTRATION NEEDED FOR EXPERIMENTS (only for DNA)** | **VOLUME OF SAMPLE ALIQUOTES** |
| **DNA**  **(aliquoted at 100ng/ul)** |  |  |  |
| **Plasma** |  |  |  |
| **Serum** |  |  |  |
| **Other (please specify):** | | | |

|  |  |
| --- | --- |
| **SELECTION CRITERIA** | |
| Other conditions (please specify, if required: pathology, age, gender, etc.) |  |

**7. MATERIAL TRANSFER AGREEMENT (FOR INTERNAL APPLICANTS ONLY)**

The use of the samples transferred hereinafter (the “Material”) by the recipient is regulated by the Spanish Law 14/2007 of Biomedical Research. The recipient is committed to comply with the following obligations:

- Use the Material provided by the Biobank in adequate biosafety conditions as established in current legislation, specifically regarding to sample transport, destruction and surplus disposal, and residues that have been in direct contact with samples.

* Ensure the traceability of materials and availability of validated genetic information relevant to health, derived from the analysis of the Material.
* Not to transfer Material to third-party researchers for projects other than those established in the object of this contract, nor use the Materials for other purposes not set forth herein.

- Once the Project is finished, the Material will be destroyed/returned to the Biobank.

* Report any possible incident that may affect the use of the Material.
* Provide detailed information on the parameters analyzed in the set of samples.

- Provide the results of the study to other researchers, when the given results have not already been published, in a period no longer than two years after the project has finalized.

* Retain results for a minimum of five years after the Project has completed.

- Acknowledge the source of the samples in all studies carried out using Biobank samples with the phrase “We are indebted to the HCB-IDIBAPS Biobank for sample and data procurement” in the Acknowledgements section of the publications.

- After a period of three years, send a report of the studies carried out using Biobank samples to the Biobank, as well as a copy of all published scientific articles derived from the given research.

- To assume all shipping, handling and maintenance costs of samples provided by the Biobank. The Recipient will be informed of such costs once the project has been accepted by the committees. Payment shall be made by bank transfer to the account number provided in the corresponding invoice. Payment must be made no later than 90 days after the date of the invoice.

Samples are released in coded form and in optimal conditions for use, in accordance with Biobank quality standards. No claims are made guaranteeing that a research Project will obtain the expected results. Materials provided are of an experimental nature, and as such may have previously undetermined characteristics, for which Biobank shall not be held accountable. Biobank represents and warrants that it is authorized and permitted to transfer the Materials to the recipient and that all necessary consents are in place to permit such transfer for the use of the Materials in the Project.

If the recipient center fails to comply with any of the obligations contained herein, said center shall be held responsible for any damages which may be sustained by Biobank. Biobank shall not be held responsible for any claim lodged by third parties.

IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY INCIDENTAL, CONSEQUENTIAL, SPECIAL, PUNITIVE OR INDIRECT DAMAGES ARISING OUT OF THE USE OF THE MATERIALS OR OTHERWISE IN CONNECTION WITH THIS AGREEMENT, EVEN IF SUCH PARTY HAS BEEN ADVISED OF THEIR POSSIBLE EXISTENCE.

Any and all inventions, data, results, conclusions and the like developed by the recipient using the Materials shall belong exclusively to the recipient.

**By selecting this box, the applicant agrees to comply with all regulations for use of the samples provided. This section is only for applicants within IDIBAPS and Hospital Clínic.**

**8. BILLING DATA**

|  |  |
| --- | --- |
| **RESEARCHERS from IDIBAPS/FUNDACIÓ CLÍNIC** | |
| Entity | Elija un elemento. |
| Grant code (SAP) |  |

|  |  |
| --- | --- |
| **RESEARCHERS from other entities** | |
| Entity |  |
| NIF |  |
| Postal address |  |
| Internal code for billing |  |
| Any other information to add to invoice |  |
| Contact person (administration) |  |

**9. DATA FOR THE SHIPMENT OF SAMPLES**

**I confirm that the researcher and institution stated below are mentioned in the approved project.**

|  |  |
| --- | --- |
| Last Name |  |
| Name |  |
| Department/Unit |  |
| Institution |  |
| Postal address |  |
| Telephone |  |
| E-mail |  |
| Courier Account (i.e. FEDex or World Courier account number |  |

**10. SIGNATURE**

**Date:**

**PI:**