

SAMPLE REQUEST FORM

PLEASE READ THIS GUIDANCE BEFORE COMPLETING THE APPLICATION FORM.

This application is intended for the use and processing of samples utilised by the laboratory and/or personnel that fall under the supervision of the Principal Investigator listed in the application. Any transfer of custodianship of samples or aliquots to personnel or laboratories that are not under the supervision of the indicated PI requires the following:

- An explanation of the need to transfer the materials and benefit to the investigator's research
- A copy of the enclosed Tommy's Biobank agreement page signed by the collaborator

The Tommy's Biobank does not supply samples to banks solely for distribution to third party researchers; those researchers should be encouraged to apply to the Tommy's Biobank directly.

1. Please print neatly or type.
2. Ensure that the "Lay Summary" (page 4, section B) is written in plain English, without unexplained acronyms or medical terminology. Failure to provide a comprehensive and easy to understand lay summary will result in a request for a rewrite of the summary prior to its acceptance for consideration.
3. Patient identity is confidential. Samples will be coded and supplied with a minimum data set. The cost recovery and/or processing fee per sample will vary according to the type of sample requested.
4. **The Tommy's Biobank is authorized by Wales REC 3 to release samples to researchers. Researchers receiving samples from Tommy's Biobank are NOT required to have approval from NRES for the use of these samples as samples will be provided anonymously with only the minimum data set. However, researchers must be able to satisfy the Management Committee and advisors of the Tommy's Biobank that the project they submit is both ethically and scientifically valid. If researchers are already in possession of NRES approval for their projects, a copy of the NRES letter should be supplied with the application. Researchers are advised that it is their responsibility to ensure that they comply with the Human Tissue Act or other appropriate laws that cover the use of human material in research. An HTA licence is NOT needed to store tissue sourced from Tommy's Biobank for an approved project that is subject to a signed Material and Data Transfer Agreement.**
5. The transfer of custodianship of samples from Tommy's Biobank Network to researchers will be by Courier. Researchers are required to cover the cost of transport of their samples and supply appropriate customs declarations if appropriate.
6. Please email the completed application form to TommysNationalReproductiveHealthBiobank@uhcw.nhs.uk and send hard copy of the signed Material and Data Transfer Agreement (final page) to:

Tommy's Biobank Research and Development Department
University Hospitals Coventry & Warwickshire NHS Trust
Clifford Bridge Road
Coventry
CV2 2DX

A PRINCIPLE INVESTIGATOR DETAILS

Principle Investigator

Investigators Title

Last Name

First Name

Degree

Address

Post Code

Phone/Fax

Contact Person

(If different from above)

Contact Number

Email Address

B SHIPPING INFORMATION

Shipping Address *(if different from above)*:

Post Code

C INVOICE INFORMATION

Is a purchase order required for shipment of specimens to your institution?

YES NO

(If yes, please supply purchase order when project has been approved)

Invoices will be sent to the shipping address listed in section B. If you would like the original invoice to be provided by post to another location (e.g. your finance department), please enter that address below. A dispatch note will be included with the samples, please complete and email to TommysNationalReproductiveHealthBiobank@uhcw.nhs.uk to acknowledge receipt.

Person to whom invoice should be addressed (*if different from above*):

Invoice address and post code

Courier services are provided by either DHL (Europe and Japan) or World Courier. Please state if you require another Courier and provide the appropriate customer number below.

Customer Number

Courier Number

D RESEARCH INFORMATION

Specimens will be provided to all investigators, based either in academia or industry.

Please indicate the source of funds for your proposed project. If this is Institutional Funding, please enclose a letter from our Head of Department indicating that funds and premises are available to complete your project

Funding Source

Period of Support

Please provide a short lay summary (max 200 words) of the intended research. Please note this information will be used in reports to funders and NRES therefore only include information that is not commercially sensitive.

Title

Introduction

Hypothesis and aim(s) *(please clearly state the aim(s) of your project)*

Experience of group and/or company carrying out analysis (please provide information to indicate that your research group has experience in the techniques you intend to use, either by use of preliminary data from other work carried out in your group or by providing reference to publications from your group/company that are relevant to this application):

If hypothesis generation is the specific purpose of your application, what do you envisage its application in the clinical setting will be? Please give as much detail as possible on target identification, validation, etc.

Please detail the methods you intend to use, indicating controls and the experimental design you will use where relevant include statistical information). It is important that you provide details of the methods that you will use to study your gene/pathway of interest. Please be specific but concise.

Justify number of samples requested

Please specify exactly what type of sample you require.

Please specify the clinical details you require. All samples will be supplied with a minimum dataset. Additional information may be available, but you must request it in this application and justify its necessity for your research. It may be possible to provide some details, but this may not be possible for all samples.

END