**BIOLOGICAL SAMPLE REQUEST FORM**

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| **BY INCLIVA BIOBANK** |
| **REQUEST REFERENCE** |  |
| **REQUEST DATE** |  |
| **BIOBANK DIRECTOR REPORT DATE** |  |
| **ETHICS COMMITTEE REPORT DATE** |  |
| **SCIENTIFIC COMMITTEE REPORT DATE** |  |

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| **BY APPLICANT – PROJECT AND INVESTIGATION GROUP** |
| **PROJECT TITLE** |
|  |
| **PRINCIPAL INVESTIGATOR** |
| **Name and surname** |  |
| **Position** |  |
| **Unit** |  |
| **Department**  |  |
| **Institution** |  |
| **Address** |  |
| **City** |  |
| **Region**  |  |
| **State** |  |
| **ZIP Code** |  |
| **Country** |  |
| **Telephone number** |  |
| **e-mail** |  |

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| **PROJECT SUMMARY** |
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| **REFERENCES** |
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| **SPECIFIC OBJETIVES (variables to be analysed that justify the use of samples, etc.)** |
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| **SCIENTIFIC RELEVANCE AND EXPECTED IMPACT** |
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| **GROUP’S PUBLICATIONS IN THE LAST FIVE YEARS (máx.5 cites)** |
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| **PROJECT FUNDING** |
| **Is the project currently funded?** | [ ]   Yes [ ]   No |
| **Funding period** |  |
| **Funding Institution(s)** |  |
| **Project’s reference number** |  |

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| **BY APPLICANT – REQUESTED SAMPLES** |
| Collections and type of samples available of INCLIVA Biobank can be found at the following link (“*DOCUMENTOS – CATÁLOGO DE COLECCIONES”*): <https://www.incliva.es/servicios/plataformas/biobanco>  |
| **REQUESTED SAMPLES**  |
| **Line** |  |
| **Collection** |  |
| **Type of sample** |  |
| **Sample amount** |  |
| **Nº of samples / Concentration**  |  |
| **Selection criteria (if necessary)** |  |
| **Location where the investigation will be conducted** |  |
| **Comments** |  |

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| **Line** |  |
| **Collection** |  |
| **Type of sample** |  |
| **Sample amount** |  |
| **Nº of samples / Concentration**  |  |
| **Selection criteria (if necessary)** |  |
| **Location where the investigation will be conducted** |  |
| **Comments** |  |

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| --- | --- |
| **Line** |  |
| **Collection** |  |
| **Type of sample** |  |
| **Sample amount** |  |
| **Nº of samples / Concentration**  |  |
| **Selection criteria (if necessary)** |  |
| **Location where the investigation will be conducted** |  |
| **Comments** |  |

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| **BY APPLICANT – ADDITIONAL DOCUMENTATION** |
| ☐ Ethics Committe Approval of the project  |
| ☐ Project funding justification  |
| ☐ Project proposal |

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| **BY APPLICANT – SAMPLE DELIVERY DATA** |
| **To be filled out in case of different data from PI data** |
| **Name and Surname** |  |
| **Position**  |  |
| **Unit** |  |
| **Department**  |  |
| **Institution** |  |
| **Address** |  |
| **City** |  |
| **Region**  |  |
| **State** |  |
| **ZIP Code** |  |
| **Country** |  |
| **Telephone number** |  |
| **e-mail** |  |

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| **BY APPLICANT – BILLING DATA** |
| **Institution** |  |
| **Tax Identification code** |  |
| **Address** |  |
| **City** |  |
| **Region**  |  |
| **State** |  |
| **ZIP Code** |  |
| **Contact person**  |  |
| **Telephone number** |  |
| **e-mail** |  |

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| **GENERAL CONDITIONS OF SAMPLE AND DATA TRANSFER** |

Once the authorization to the sample transfer has been given, the requesting investigator is committed to the following responsibilities:

1. Undertake, when necessary, the derived costs of sample processing, maintenance and transportation.
2. Use the transferred samples in the aforementioned project solely.
3. Make use of the provided material according to proper biosafety conditions.
4. Assure the traceability of the samples, in the case they have not been anonymized.
5. Provide detailed information about the parameters to be analyzed in the samples.
6. Warrant the availability of the information regarding the use of biological samples.
7. Not to transfer the samples to other investigators, to be used in different projects, other to the aforementioned.
8. Cite the INCLIVA Biobank in every publication and presentation that communicates the results obtained with the transferred samples.
9. Send back to the INCLIVA Biobank a copy of the scientific papers derived from the use of samples or a report of the performed research activities once the project has finished.
10. Destroy or send back to the INCLIVA Biobank the remaining samples, once the project has finished.

In compliance with REGULATION (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such and Spanish regulation on protection of personal data in force ORGANIC LAW 3/2018 of 5 December 2018, we inform you that data collected in this form will be processed in order to manage the transfer of biological simples and data from the INCLIVA Biobank. The Controller is Foundation INCLIVA with CIF G96886080.

You may exercise your rights of access, rectifications, opposition and cancellation by submitting the corresponding request to the postal address of INCLIVA or through the email address protecciondatos@incliva.es. If you are not satisfied with the care received, you can contact the Spanish Agency for Data Protection at [www.aepd.es/agencia/contacto](http://www.aepd.es/agencia/contacto).

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| **PRINCIPAL INVESTIGATOR’S SIGNATURE** |
| **Date: XX/XX/XXXX** |

**\*** **Send back or e-mail the signed form to:**

*Biobanco Fundación Investigación Clínico de Valencia-INCLIVA*

*Av. Menéndez y Pelayo, 4 acc. 4ª planta, 46010 Valencia*

*E-mail: biobanco@incliva.es*