**Project Application**

For the usage of samples and services of Biobank Graz

* *Please fill in the form and send it to:* [*biobank-pm@medunigraz.at*](mailto:biobank-pm@medunigraz.at)
* *Please notice: Sample issuance at the biobank can take up to two weeks, depending on the current order situation and number of needed samples of the issuance*
* *\*corresponding sections of the online ethics application are highlighted in orange (*[*https://www.medunigraz.at/ethikkommission/einreichung*](https://www.medunigraz.at/ethikkommission/einreichung)*)*

1. **Project Data**

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| **New project** | **Addition/Extension of project no.** |
| **Date** (day/month/year) |  |
| **Project number** (filled by BB) |  |
| **Project title** *(7.1\*)* |  |
| **Project leader** |  |
| **Project applicant**  (when different from project leader) |  |
| **Department / Institution** |  |
| **Contact details** (Address, phone number, E-Mail) |  |

1. **Type of Application** Please select 1 of 3 (Required)

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| **Internal project of Med Uni Graz** |
| **Cooperation project of Med Uni Graz with external partners** List of cooperation partners: |
| **Third-party researchers (Externals)** For externals **REGISTRATION** (form **FB371**) is mandatory. |

**A positive ethics vote from the Ethics Committee of the Medical University of Graz is prerequisite for the use of biobank samples (exception: method establishment). The sample usage has to be legally compliant and in accordance with the existing regulations and guidelines of Medical University of Graz.**

**OPTIONAL:**

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| **Method establishment** | Usage of samples from max. 5 patients in the context of a method establishment without publication. No ethics vote required. |

1. **Financing** (*7.21\*)*

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| Research funding:  EU  FWF  ÖNB  Other: |
| Contract research On behalf of a company: |
| Extern / Industry: |
| Investigator initiated study at Med Uni Graz (internal research)  Reason for not funding: |

1. **Required Material from Biobank Graz**

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| **The following samples are required:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Type of sample**  **(see legend)** | **Organ / Tissue** | **Diagnosis (ICD10)** | **Number of patients** | **Number of samples**  (e.g. how many slides per block / volumes of blood samples) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   LEGEND for sample types: **Body fluids (KF) and other samples**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Paraffin** | P | Paraffin block |  | Whole blood (EDTA) | Stool sample | Cerebrospinal fluid (CSF) | | PSO | Original paraffin section |  | Serum | PAXgene® Blood | CSF cells | | PS | Paraffin section (newly made) |  | Buffy coat (EDTA-Buffy) | Urine (Spontaneous or 24-hour urine) | Synovial fluid | | PSP | Paraffin shavings |  | Plasma: (EDTA / Li.-Hep./ /Na-Citrat) | |  | | | | **Cryo** | K | Cryo tissue | PBMCs | | KS | Cryo section | **Other:** | | | |

1. **Project Description**

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| **Short Project Description (max. 400 words)** *(7.2 – 7.22\*)*  **e.g. aims, hypothesis, quantity & type of requested samples & data, selection criteria for samples** |
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1. **Ethics Committee Vote by the Medical University of Graz (if already available)**

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| **Number of the ethics vote**    (please enclose a copy of the ethics proposal and the ethics vote) | **Date / End of validity of the ethics vote:**    (required field) |

1. **Data Protection and Informed Consent**

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| **PATIENT CONSENT** (*7.9\*)*  A positive Biobank Informed Consent must be present for all samples issued by the Biobank. (see note 1)  The project leader has a study-specific Informed Consent to the project for all samples. | YES NO  YES NO |

1 Note: Biobanks Report, May 9, 2007 (incl. addition 2011). Biobanks for medical research. Report of the Bioethics Committee.

1. **List of Documents and Information to be submitted**

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| **For the further processing of the project, this form must be completed fully and all documents listed below have to be forwarded to Biobank Graz:**   * **Ethics application** * **Valid ethics vote by the Medical University of Graz** * **Required data set** (please specify which pathological data, clinical data etc. are required) (*7.15\*)* |
| **Please note:** Please note that, for submission to the Ethics Committee of the Medical University of Graz, a study protocol is required, which should include the following points:   * Outline and description of the research project highlighting its value for health-related research and experimental design (7.2\*) * Sample size / power calculation (*7.15 and 8.1 - -8.3\*)* * Data management plan (*7.16 and 8.6\*)* |

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| I hereby confirm the completeness and correctness of the information provided in this application, as well as all documents submitted to Biobank Graz regarding the project.  ----------------------------------------------- ----------------------------------  Signature project leader Place, Date |

1. **Statement of Biobank Graz for submission to the Ethics Committee**

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