**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*
* *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:**

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| **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) |
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LEGEND for sample types: **Body fluids (KF) and other samples**

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| **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) |
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| **Cryo** | K | Cryo tissue | PBMCs |
| KS | Cryo section | **Other:**       |

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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\*)*
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| **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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