**Registration Form**

For external requesters seeking access to material/data  
 stored in Biobank Graz for the 1st time

* *Purpose of registration: To confirm the identity of each requester (for external requesters only) seeking access to material and data for the first time, and to check their bona fides before registering them as an approved researcher.*
* *Duration: approx. 5 working days for a first response and to check identity*
* *Please fill in the form and send it to:* [*biobank-pm@medunigraz.at*](mailto:biobank-pm@medunigraz.at)

1. **Applicant Details**

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| --- | --- |
| **Date** |  |
| **Name Applicant** |  |
| **Name Prinicipal Investigator** |  |
| **Department / Institution** |  |
| **Weblink of Institution** |  |
| **Address of Institution** |  |
| **Direct phone number** |  |
| **E-Mail** |  |
| **ORCID number** of the principal investigator |  |

1. **Laboratory Details**

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| **To be filled in in case, samples shall be assayed in another, collaborating laboratory:** | |
| **Name** of responsible lab manager |  |
| **Department / Institution** |  |
| **Weblink of Institution** |  |
| **Address of Institution** |  |
| **Direct phone number** |  |
| **E-Mail** of responsible lab manager |  |
| **ORCID number** of responsible lab manager |  |

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| **Certificate** confirming quality-approval (ISO certificates, etc.) by a notified body |  |
| **Validity date** of certificate |  |

1. **Documents to be transmitted**

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| **For the registration to be completed, all documents listed below need to be transmitted to BB Graz:**  Principal investigator:   * Electronic version of the curriculum vitae of the principal investigator * list of PI´s peer-reviewed publications (with electronic weblinks), within the previous five years   Laboratory manager:   * Electronic version of the curriculum vitae of the lab manager * peer-reviewed publications of the previous 3 years (with hyperlinks to the papers) published by the lab manager |

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| * *I confirm the completeness and accuracy of information given in this application as well as all documents submitted to Biobank Graz concerning the project.* * *I confirm that the project will be performed according to international standards of Good Scientific Practice and the European General Data Protection Regulation (GDPR).* * *I confirm that the PI´s identity and application details may be forwarded to the responsible bodies (Med Uni Graz internal).* |  |
| ----------------------------------------------- ----------------------------------  Signature project leader Place, Date | |