To be completed by Principal Investigator of Recipient Organization:

Principal Investigator: ………………………………………………... Phone: …………………………..........

Department contact: …………………………………………………. Email: ………………………………….

Name of Organization: ……………………………………………………………………………………………

Street address: …………………………………………………………………………………………………….

City/State: ………………………………………………………………………………………………………….

Country: …………………………………………………………………………………………………………….

Project Title: ……………………………………………………………………………………………………….

Promoter: …………………………………………………………………………………………………………..

Project synopsis (background, aim, study design, references; max. 1 page): ……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….

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To be completed by Principal Investigator of Recipient Organization:

**Identify all funding sources/research grants for your research project involving this material (i.e. grant number):** …….…………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….

**Define material:**

**TISSUE**

Organ (‘ICD-O or CODAP’ coding): …………………………………..........................................................

Diagnosis (‘ICD-O or CODAP’ coding): …………………………………………………………………….....

Other specifications: ……………………………………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of material** | **Amount of requested samples** | | | **Amount of requested cases (patients)** |
| **Sample type** | Central | Invasion front | Corresponding normal |  |
| FFPE tissue (5µm/slide) for IHC |  |  |  |  |
| FFPE tissue (5µm/slide) for DNA/RNA isolation |  |  |  |  |
| Fresh frozen tissue (10µm slide) for IHC (on superfrost plus slide) |  |  |  |  |
| Fresh frozen tissue (10µm/slide) for DNA/RNA isolation in tube |  |  |  |  |
| Fresh tissue (0,5 cm3) in medium or 0.9% NaCl |  |  |  |  |

*Note: for quality purposes we always perform an hematoxylin-eosin staining to check pathology, and if necessary, tumour cell percentage. This service will be charged.*

**BODY FLUIDS**

|  |  |  |
| --- | --- | --- |
| **Sample type** | **Amount of requested aliquots** | **Amount of requested cases (patients)** |
| Serum (0.5 ml/tube) |  |  |
| Plasma (0.5 ml/tube) |  |  |
| Buffy coat (0.5 ml/tube) |  |  |
| Red Blood cells (0.5 ml/tube) |  |  |
| Whole blood (3ml EDTA tube) |  |  |

**Additional services (eg. DNA/RNA isolation, slides, …) needed?** ……………..………………………………………….....................................................................................

*Note: additional services such as nucleic acid isolations, slide preparations, … will be charged. Please ask for a quote.*

To be completed by Principal Investigator of Recipient Organization:

**Additional data needed (through MOCA data management, separate request needed!)** ……………………..………………………………………………………………………………………………..…………………….…………………………………………………………………………………………………

**How long do you plan to use the material?** ………………………………………………….

**Transportation:** delivery by courier / collection by recipient organization (delete as appropriate)

*Note: costs for delivery will be charged.*

**Has the proposed research project been reviewed by the UZA ethics committee?** (Attach signed approval)

Yes No

If ‘No’, please explain: ………………………………………………………………………………

……………………………………………………………………………………………………………………….

*Note: Human material can only be used for research purposes after positive evaluation by an ethics committee as stated in the Belgian law from 18/12/2008.*

**Principal Investigator** of Recipient Organization\*

\* I declare that I have read the attached UZA HMTA and that I agree with the terms and conditions in it.

Name: ………………………………………………………………………………………………………………

Title: ………………………………………………………………………………………………………………...

Signature: ……………………………………………………. Date: …………………………………………....

Name of promoter:…………………………………………………………………………………………………

Title of promoter:………………………………………………………………………………………………......

Signature: ……………………………………………………. Date: …………………………………………....

**Legal representative** of Recipient Organization\* (if Recipient Organization is not UZA)

\*I declare that I have read the attached UZA HMTA and that I agree with the terms and conditions in it.

Name: ………………………………………………………………………………………………………………

Title: ………………………………………………………………………………………………………………...

Signature: …………………………………………………….. Date: …………………………………………...

To be completed by Provider Organization:

Unused Material (including clinical data) and all derivatives and modifications of the Material must be destroyed/returned to Provider Organization at Recipient Organization’s costs (delete as appropriate).

Has the proposed research project been reviewed by the UZA tumorbank advisory board?

Yes No

**UZA Tumorbank coordinator** of Provider Organization

Name: ………………………………………………………………………………………………………………

Signature: ……………………………………………………………... Date: …………………………………..

**UZA Legal representative** of Provider Organization (if Recipient Organization is not UZA)

Name: ………………………………………………………………………………………………………………

Signature: ……………………………………………………………... Date: …………………………………..

**Total charges (excl. VAT/overhead):** …………………………………………………………………………………….

Addendum n°: ……………………………………………………………………………………………………..

Contract termination date: ………………………………………..

This Research Material Request Form shall jointly with UZA Human Material Transfer Agreement constitute the entire agreement between the parties concerning the project (described above). This agreement is effective when signed by all parties. The parties executing this Research Material Request Form certify that their respective organizations have accepted and signed an unmodified copy of the UZA HMTA, and further agree to be bound by its terms, for the transfer specified above.

The legal representative or promoter of Recipient Organization and the Principal Investigator should complete and sign two original copies of the UZA HMTA and return both original copies to:

**Antwerp University Hospital**

**MOCA – Administration**

**Wilrijkstraat 10**

**B-2650 Edegem**

**Tumorbank@uza.be**