

UZA Human Research Material Request Form

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):

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Define material:

Organ ('ICD-O or CODAP' coding):

Diagnosis ('ICD-O or CODAP' coding):

Other specifications (i.e. RNA integrity):

Type of material	Amount of requested samples		
	Central	Invasion front	Corresponding normal
Tissue			
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 cm ³) in medium or 0.9% NaCl			

Additional specifications concerning tissue material:

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	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) needed?

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

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

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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 local ethics committee? (Attach signed approval)

Yes No Not applicable

If 'Not applicable', please explain:

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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:

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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

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

Yes No Not applicable

UZA Tumorbank coordinator of Provider Organization

Name:

Signature: Date:

Total charges (excl. VAT/overhead):

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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**