

Responsible

Institute of Pathology and Neuropathology

Department of General and Molecular Pathology and Pathological Anatomy

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Biobank

Application form for the use of biobank materials

Only page 1 - 3 to be filled in by applicant.

Lead Applicant:

Title:

Telephone:

First name:

Fax:

Surname:

E-mail:

Institute:

Street:

Postcode/City:

Country:

Other applicants:

Title:

Email:

First name:

Surname:

Department:

Project Title:

Will the entire sample be utilized?

Yes

No

Unknown

Clinical data required:

Pseudonymized

Anonymized

Control cut desired (Attention: During control cut, the material is brought into contact with Tissue-Tek® and processed at a temperature of approx. -30°C. Please take notice.):

Yes (obligatory for prostate material)

No

Other (e.g. control will be performed by research team):

Place, Date

Signature of applicant

Application no. (filled by Biobank):

Statement Biobank Management:

Material present Yes No

Request feasible Yes No

Comments:

Statement of tissue-procuring department/division:

Agree Disagree not applicable (co-applicant)

Comments:

Statement of the Biobank Advisory Board:

External assessment required? Yes No

If yes, justification, external advisor, date of forwarding:

Agrees to Material output Disagrees

Justification in case of rejection:

Opinion DUAC (Data Use and Access Committee) required?

Yes No

If yes, date of forwarding:

Place, date

Signature Biobank Advisory Board

Material issued:

Yes

No

Number of samples shipped:

Place, date

Signature Biobank