

Access Application Form for research sample requests at WU level

Title of the Research Project	
Project IDs: (Protocol number, NCT Number etc.)	
Summary/Objectives:	
Sponsor: (full name, address & contact)	
Principal Investigator: (full name, address & contact)	
Applicant: (full name, address & contact)	
Person or Institution legally responsible for data processing: (full name, address & contact)	
Data protection officer: (full name, address & contact)	
Competent data protection authority (if applicable): (full name, contact)	

Is there any intention to gain commercial profit from the outcome of this Project?

YES

NO

If YES, please explain in detail:

Please name any industrial or commercial partners:

Please specify request:

Material

Type of material	Time of collection	Further specification / amounts
Whole Blood	<input type="checkbox"/> Preliminary Examination <input type="checkbox"/> Day of stem cell collection <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Clotted _____ [ml]
		<input type="checkbox"/> EDTA _____ [ml]
		<input type="checkbox"/> ACD _____ [ml]
		<input type="checkbox"/> Na-Hep. _____ [ml]
		<input type="checkbox"/> Other _____ [ml]
PBSC	Only available on the day of donation.	_____ [CD34 ⁺ /kg] or _____ [ml]
Bone Marrow		_____ [TNC/kg] or _____ [ml]
Leukocytes	<input type="checkbox"/> <i>Pre</i> -haematopoietic stem cell collection	_____ [CD3 ⁺ /kg]
	<input type="checkbox"/> <i>Post</i> -haematopoietic stem cell collection	_____ [CD3 ⁺ /kg]
Leftover material	Please specify type and amount:	
Other materials	<input type="checkbox"/> Preliminary Examination	If applicable, please specify type and amount:
	<input type="checkbox"/> Day of stem cell collection	
	<input type="checkbox"/> Other, please specify:	

Will the material be assigned a new ID after arrival at your site?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
For what period of time is the material stored?	

Where exactly the material will be stored?	
What is the estimated duration of the research project?	
Will any remaining material be discarded after completion of this project?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO If NO, what is the intention of storage, how long and where exactly remaining material will be stored? Will remaining material be anonymized prior to storage/further use? <i>Please note that material must not be sold, even if anonymized.</i>

Shipping Requirements

Shipping Address(es):	
Temperature:	<input type="checkbox"/> RT <input type="checkbox"/> 4°C <input type="checkbox"/> Dry Ice <input type="checkbox"/> Other:
Other requirements:	

Data

Will any donor personal data be processed or stored in the project? Please note: Donor ID is considered personal data	<input type="checkbox"/> YES Please specify Kind of data: Purpose of storage: Storage location: Duration of data storage:
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	<input type="checkbox"/> NO
Will any data suitable to disclose donor identity be generated in the project; e.g. by genetic analyses?	<input type="checkbox"/> YES Please specify Kind of data: Storage location: Duration of data storage:
	<input type="checkbox"/> NO

The following Documents & Information are mandatory for processing Research Support Requests.

- Protocol or detailed description of the research project
- Synopsis (if not included in the protocol)
- valid EC/IRB approval
- Information on data protection (if not addressed in the protocol)
- Information on Storage (in case remaining material should be stored)

- Donor Information and Informed Consent form is welcome, but not mandatory

All documents and information must be in either English or German. Synopsis must be in German in case of Private Company Sponsors.

In case of questions, please contact: externalstudy@dkms.de

I, the undersigned, declare that all information is complete and correct.

Name
(CAPITAL LETTERS)

Date

Signature