



Alfred Brain Tumour Bio-databank (ABTB) Application Form.

Reference Number:

Project Title:

Principal Investigator:

Name:	Position:
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Please list study team relevant to this project:

1.
2.
3.
4.
5.

Ethics approval

Is Human research Ethics Committee (HREC) approval required for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please provide a brief explanation: Ethics Approval Number: Ethics Approval Date: Ethics Expiry Date: Name of institution or site where project will be undertaken:



7. How to Submit the Application Form

Please email a copy of your application to the Biobank Coordinator. The review process is confidential. Please allow approximately four weeks for your application to be processed. You will be contacted if additional information is required.

Ms. Emily Galea

Email: E.Galea@alfred.org.au

Phone: 9076 5879

8. Checklist

Complete Application Form

Principal Investigator CV attached

Study team CV attached

HREC Approved Study Protocol attached

HREC Approval Letter

9. Agreement Statement and Signatures

By signing this document, I confirm that:

1. The information in this application is correct in all the details provided.
2. I have read and will comply with the 'Conditions of Use.'

Signature of Principal Investigator:

Full Name:

Date:

Signature of Institutional Head:

Full Name:

Date:

Institution: