

ALFRED NEUROSCIENCE BIOBANK SAMPLE/DATA REQUEST FORM
HREC PROJECT NUMBER 157/19

BIOSPECIMENS FROM THE ALFRED NEUROSCIENCE BIOBANK (ANB) ARE PROVIDED WITH THE INTENTION OF FACILITATING RESEARCH INTO NEUROLOGICAL DISORDERS.

ALL RESEARCHERS REQUESTING ACCESS TO BIOSPECIMENS FROM THE ANB ARE REQUIRED TO HAVE HUMAN RESEARCH ETHICS COMMITTEE (HREC) APPROVAL FOR THEIR PROPOSED RESEARCH.

BIOSPECIMENS WILL NOT BE PROVIDED UNTIL A SIGNED COPY OF THIS REQUEST FORM HAS BEEN RECEIVED BY THE ANB BIOBANK MANAGER.

PLEASE TYPE YOUR ANSWERS OR PRINT CLEARLY.

EMAIL A SCANNED COPY OF THIS FORM TO:

MS RASHIDA ALI

ALFRED NEUROSCIENCE BIOBANK MANAGER

EMAIL: rashida.ali@monash.edu

PLEASE TYPE IN SUBJECT LINE: 'APPLICATION FOR BIOSPECIMENS/DATA FROM THE ANB BIOBANK'

SECTION 1: APPLICANT DETAILS

ALL CORRESPONDENCE REGARDING THIS APPLICATION SHOULD BE DIRECTED TO:

<i>TITLE</i>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	A/Prof <input type="checkbox"/>	Prof <input type="checkbox"/>
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NAME	
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AFFILIATION	
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ADDRESS	
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EMAIL ADDRESS	
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PHONE NUMBER	
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PROJECT LEAD, PRINCIPAL INVESTIGATOR OR SUPERVISOR	<input type="checkbox"/> SAME AS CONTACT PERSON ABOVE
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TITLE	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	A/Prof <input type="checkbox"/>	Prof <input type="checkbox"/>
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NAME	
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AFFILIATION	
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ADDRESS	
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EMAIL ADDRESS	
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PHONE NUMBER	
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LIST ALL OTHER RESEARCHERS NAMED ON THIS PROJECT:

SECTION 2: AREA OF SCIENTIFIC OUTLOOK

CATEGORY	% OF PROJECT	CATEGORY	% OF PROJECT	CATEGORY	% OF PROJECT
<input type="checkbox"/> TRANSLATIONAL RESEARCH		<input type="checkbox"/> BIOMARKER RESEARCH		<input type="checkbox"/> GENOMIC RESEARCH	
<input type="checkbox"/> PROTEOMIC RESEARCH		<input type="checkbox"/> DIAGNOSTIC RESEARCH		<input type="checkbox"/> CLINICAL SUPPORT RESEARCH	
<input type="checkbox"/> OTHER (PLEASE SPECIFY)					

SECTION 3: SAMPLE REQUEST

DISEASE TYPE					
TIME POINT					
SAMPLE TYPE		<input type="checkbox"/> PLASMA	<input type="checkbox"/> SERUM	<input type="checkbox"/> DNA EXTRACTION	<input type="checkbox"/> RNA
<input type="checkbox"/> FRESH SNAP FROZEN BRAIN TISSUE		<input type="checkbox"/> CELL PELLET	<input type="checkbox"/> OTHER (PLEASE SPECIFY)		
<input type="checkbox"/> URINE		<input type="checkbox"/> CSF	<input type="checkbox"/> SKIN BIOPSY	<input type="checkbox"/> FFPE TISSUE BLOCKS	
NUMBER OF SAMPLES					

SECTION 4: PROJECT DETAILS

NOTE: PLEASE MAKE SURE TO SUBMIT ALL RELEVANT SUPPORTING DOCUMENTATION WITH THIS FORM.

SHORT TITLE OF PROJECT:	
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<p>THE APPLICATION CONCERNS</p> <p><input type="checkbox"/> RETEROSPECTIVE SAMPLES</p> <p><input type="checkbox"/> PROSPECTIVE SAMPLES</p> <p><input type="checkbox"/> ONLY DATA RELATED TO SAMPLES</p>
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<p>1. IF YOU REQUIRE ANY CORRELATING DATA, WHAT DATA ARE YOU REQUESTING FROM ANB?</p>

2. PLEASE INDICATE HOW LONG YOU EXPECT THE PROJECT TO CONTINUE?

3. HOW WILL THE PROJECT BE RESOURCED?

SECTION 5: ETHICAL APPROVAL

HAVE YOU RECEIVED FULL ETHICAL APPROVAL FOR THIS PROJECT? PLEASE ATTACH HREC APPROVAL CERTIFICATES.

YES

NO

PENDING

HREC PROJECT NUMBER

LIST ALL HRECS THAT HAVE APPROVED OR ARE CURRENTLY CONSIDERING THE ETHICAL CONDUCT OF THIS RESEARCH:

SECTION 6: DECLARATION

PLEASE READ AND SIGN THE FOLLOWING DECLARATION BEFORE SUBMITTING YOUR APPLICATION:

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ANB DATA/SAMPLE ACCESS POLICY.

I/WE AGREE THAT THE SERVICES PROVIDED BY THE BIOBANK WILL BE USED TO SUPPORT RESEARCH WORK AS DETAILED IN THE ATTACHED APPLICATION. THE MATERIAL WILL NOT BE USED FOR OTHER STUDIES OR DISTRIBUTED TO THIRD PARTIES, UNLESS APPROVAL HAS BEEN OBTAINED FROM THE BIOBANK. BIOSPECIMENS AND THEIR PRODUCTS WILL NOT BE PASSED TO A THIRD PARTY.

I/WE REALISE THAT THERE IS THE POTENTIAL THAT THIS HUMAN BIOLOGICAL MATERIAL MAY CONTAIN INFECTIOUS AGENTS AND, THEREFORE, WILL HANDLE IT APPROPRIATELY.

I/WE AGREE TO ACKNOWLEDGE THE USE OF BIOSPECIMENS, DATA AND SERVICES PROVIDED BY THE ANB IN ABSTRACTS, PUBLICATIONS OR PRESENTATIONS ASSOCIATED WITH THIS RESEARCH PROJECT.

I HAVE READ AND UNDERSTOOD THE NATIONAL STATEMENT ON ETHICAL CONDUCT IN HUMAN RESEARCH (2007) AND AGREE TO UNDERTAKE ALL RESEARCH RELATED ACTIVITIES IN ACCORDANCE WITH THE CURRENT PROTOCOL AND PROVISIONS OF THE REVIEWING HUMAN RESEARCH ETHICS COMMITTEE (HREC), KEEPING WITH THE THERAPEUTIC GOODS ADMINISTRATION'S GUIDELINES FOR GOOD CLINICAL PRACTICE. I ALSO AGREE TO ABIDE BY NATIONAL AND LOCAL PRIVACY REGULATIONS SET OUT IN ALL RELEVANT PRIVACY LEGISLATION RELATING TO HANDLING AND MANAGING HEALTH INFORMATION.

APPLICANT SIGNATURE:

DATE:

LEAD INVESTIGATOR/
SUPERVISOR SIGNATURE:

DATE:

SECTION 7: AUTHORISATION

Has the project been reviewed and approved by the ANB STEERING COMMITTEE

Yes No

DECLARATION BY PRINCIPAL INVESTIGATOR

NAME

SIGNATURE:

DATE:

I VERIFY THE IDENTITY OF THE INDIVIDUAL REQUESTING ACCESS TO DATA/SAMPLES IS TRUE AND CORRECT. I PERMIT THIS PERSON ACCESS TO DATA AS REQUESTED.

OFFICE USE ONLY

PLEASE VERIFY IF THIS DOCUMENT IS UPLOADED ON THE FILE REPOSITORY SECTION OF ANB REDCap DATABASE

YES

CHECKLIST:

- COMPLETE APPLICATION FORM
- HREC APPROVED RESEARCH PROTOCOL ATTACHED AND HREC APPROVAL LETTER ATTACHED
- RECEIVED AND READ A COPY OF ANB ETHICALLY DEFENSIBLE PLAN AND A COPY OF CURRENT ANB PATIENT INFORMATION SHEET AND CONSENT FORM.

PLEASE NOTE:

SAMPLE REQUESTS APPLY TO EXISTING INVENTORY AND ROUTINE BIOBANK COLLECTIONS.

ALL REQUESTS WILL BE REVIEWED BY THE STEERING COMMITTEE. DECISIONS ARE BASED ON AVAILABILITY OF SAMPLES AT THE TIME REQUEST ARE REVIEWED.

THE STEERING COMMITTEE WILL CONSIDER THE FOLLOWING IN ITS REVIEW:

- SCIENTIFIC MERIT AND RELEVANCE OF PROPOSED RESEARCH
- APPROPRIATE AND EFFICIENT USE OF SAMPLES FOR PROPOSED RESEARCH
- COMPATIBILITY WITH ONGOING STUDIES
- JUSTIFICATION FOR NUMBER OF REQUESTED SPECIMENS
- AVAILABILITY AND RARITY OF REQUESTED BIOSPECIMENS AND ABSENCE OF RESTRICTIONS ON THE BIOSPECIMENS DURING INFORMED CONSENT.
- EXPERIENCE OF THE REQUESTING LABORATORY TO PERFORM PROPOSED STUDY
- SUFFICIENT FUNDING TO PERFORM PROPOSED RESEARCH.

BILLING INFORMATION (ONLY REQUIRED FOR NON-ALFRED HEALTH/EXTERNAL RESEARCHERS)

Billing Institution	Click here to enter text.						
Contact Person	Click here to enter text.						
Address	Click here to enter text.						
City	Enter text	State	Enter text	Post Code	Text	Country	Enter text
ABN number	Click here to enter text.						
Phone	Click here to enter text.		Mobile/Pager	Click here to enter text.			
Email							

CONTACT PERSON FOR BIOSPECIMEN DELIVERY (IF DIFFERENT FROM PI ADDRESS).
 BIOBANK STAFF WILL NEED TO CONFIRM THAT YOUR LAB IS ABLE TO ACCEPT SPECIMENS. SPECIMENS WILL NOT BE DISPATCHED WITHOUT CONFIRMATION FROM A NOMINATED CONTACT PERSON.

First Name	Click here to enter text.			Last Name	Click here to enter text.		
Institution	Click here to enter text.						
Delivery Address	Click here to enter text.						
City	Enter text	State	Enter text	Post Code	Enter text	Country	Enter text
Phone	Click here to enter text.		Mobile/Pager	Click here to enter text.			
Email							
Notification of dispatch will be confirmed 24 hours prior, where possible. Indicate preferred method of contact:							
<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile		<input type="checkbox"/> Pager		<input type="checkbox"/> E-mail		

THE BIOBANK USES THE SERVICES OF SEVERAL COURIER COMPANIES AND THESE COSTS ARE PASSED ON TO THE INVESTIGATOR. PLEASE INDICATE LEVEL OF COURIER SERVICE REQUIRED.

Level of Service	<input type="checkbox"/> Delivery within 2hrs	<input type="checkbox"/> Same day	<input type="checkbox"/> Overnight	<input type="checkbox"/> Other
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IF YOU PREFER A SPECIFIC COURIER COMPANY FOR WHICH YOU HAVE AN ACCOUNT, PLEASE PROVIDE DETAILS BELOW:

Preferred Courier	Click here to enter text.
Customer Number	Click here to enter text.
Other Information	Click here to enter text.