



Request for the usage of samples and services of Tissue Bank Bern

Institute of Pathology Bern, contact: tissuebank@pathology.unibe.ch

1. Project data

Last name, first name	
Project leader (state «see above», if identical)	
Date	
Department/Clinic/Institute address	
E-Mail	
Phone	
Collaboration partner	n/a (not applicable) collaboration partner (co-worker of institute)

2. Project description *enables the review panel to determine the scientific validity of the study*

Title and abstract/summary of the project (~300 words)	
Aims of the project	
Expected duration of the study	
What assay or analysis are planned to be performed. <i>Please specify</i>	
Area	Please specify techniques
Genomics	
Transcriptomics	
Proteomics	
Metabolomics	
Other	

3. Request samples

Samples with specific B/PID-number <i>Please provide a list of B/PID via HIN secured email</i> Samples are required based on specified criteria <i>Please fill tables below</i>	
Type of sample	fresh frozen RNAlater paraffin block (only internal/collaboration) fresh unfrozen (only internal/collaboration)
Organ/tissue	
Diagnosis	
Matched normal (yes or no)	
Number of patients	
Sample size (mg)	
Inclusion/exclusion for required samples/query (e.g. specific diagnosis, sample collection date, sex, age)	
Biobank services (quality control included) H&E Additional services provided by TRU (Translational Research unit) DNA extraction RNA extraction other (please specify)	

4. Request of data

no additional data required pathological diagnosis gender age other

5. Additional information

Please provide KEK-Nr by ethical committee or state «in preparation»	
Please specify a funding for this study or state «in preparation»	

The investigator confirms that appropriate acknowledgment of the source of the MATERIAL with the following statement «Tissues were provided by the Tissue Bank Bern» in all publications and agrees to send The University of Bern Institute of Pathology a copy of any such publications at the time of submission for publication.

By signing a material transfer agreement document (MTA) investigator confirms that the appropriate ethical permissions have been obtained.

After project is finished investigator should inform TBB and return feedback form which will be than provided by TBB.

Signature project leader

Place, date

Filled by TBB

TBB-Request Nr. (TBB_YYYY_XXX)	
Internal Collaboration UniBe/Insel External	
Reviewed by	
Technical proofing by	
Database Entry (date, name)	