

- I) Feasibility request for samples of the Liquid Biobank Bern
- II) Order request for usage of samples of the Liquid Biobank Bern

1. Project Data

Last Name, First Name	<input style="width: 100%;" type="text"/>
Project Leader	<input style="width: 100%;" type="text"/>
Date	<input style="width: 100%;" type="text"/>
Department/Clinic/Institute address	<input style="width: 100%;" type="text"/>
E-Mail	<input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>
Collaboration Partner	<input type="radio"/> Not applicable <input type="radio"/> Collaboration Partner: <input style="width: 80%;" type="text"/>

2. Project Description *(enables the review panel to determine the scientific validity of the study)*

Title and abstract/summary/objectives of the project (~300 words)

Expected duration of the study:

What Sample Types and Numbers are needed? *(please specify minimal number, concentration)*

<input type="checkbox"/> EDTA-Plasma	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Serum	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> DNA	<input style="width: 80%;" type="text"/>

 matching Tissue (requested at the Tissue Bank Bern)

What assay or analysis are planned to be performed? *(please specify)*

<input type="checkbox"/> Genomics	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Transcriptomics	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Proteomics	<input style="width: 80%;" type="text"/>

<input type="checkbox"/> Metabolomics	<input style="width: 80%;" type="text"/>
<input type="checkbox"/> Other	<input style="width: 80%;" type="text"/>

3. Requested Patient/Sample Data

- Criteria requested at IDCL --> Please provide IDCL ID:
- Samples with specific PID-number --> Please provide a list of PID numbers via **HIN-secured email**
- Samples are required based on specified criteria --> Please fill tables below

Inclusion Criteria <i>e.g. specific diagnosis (please use ICD10 codes), sample collection date, sex, age</i>	
Exclusion Criteria	
Request for additional Patient/Sample Data	

4. Specific Requirements / Additional Comments

5. Additional Information

Please provide KEK-Nr. by ethical committee or state «in preparation»

Please specify study-no. by DLF or state «in preparation»

The investigator confirms appropriate acknowledgment of the source of the material with the following statement «Samples were provided by the Liquid Bank Bern» in all publications and agrees to send LBB a copy of any such publications at the time of submission for publication. By signing a material transfer agreement document (MTA), the investigator confirms that the appropriate ethical permissions have been obtained. After the project is finished investigator should inform LBB and return the feedback form which will be provided by LBB.

Place:

Date: Signature of project leader:

Filled by LBB

LBB-Request Nr.:
 Internal
 Collaboration
 Other:

Review Step	Approval	Comment	Date	Signature
Feasibility (LBB Manager)	<input type="radio"/> Yes <input type="radio"/> No			
Sample Request (Head of LBB)	<input type="radio"/> Yes <input type="radio"/> No			
Sample Request (Steering Board Member)	<input type="radio"/> Yes <input type="radio"/> No			