



**Request form for services provided by the Tissue Biobank Bern**  
Institute of Tissue Medicine and Pathology, contact: [tissuebank@unibe.ch](mailto:tissuebank@unibe.ch)

**Request of samples**  
**Request of feasibility study** (fill out 1.–3.)

**1. General information** (fields in grey will be filled in by TBB)

|  |  |
|--|--|
| Last name, first name  | <b>TBB-Nr.</b>   |
| Signature/Initials   | <b>Date in:</b>  |
| <b>Collaboration partner</b><br>n/a (not applicable)<br>Co-worker of the Institute | <i>By completing this form, the investigator confirms that appropriate ethical permissions have been obtained for use of fresh/fresh-frozen or formalin-fixed paraffin embedded material</i> |
| Billing address  |  |

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

|   |
|---|
| Title and abstract/summary of the project ~300 words, for feasibility study 100 words |
| Aims of the project   |

**3. Request of samples or feasibility study**

|  |   |
|--|---|
| Samples with specific B/PID-number Please provide a list of B/PID via HIN secured email<br>Samples are required based on specified criteria Please fill tables below |   |
| Type of sample   | Fresh frozen; Cryopreserved; RNAlater; Paraffin block (only internal/collaboration);<br>Fresh unfrozen (only internal/collaboration) Other: |
| Organ/tissue   |   |
| Diagnosis  |   |
| Matched normal (yes/no)  |   |
| Number of patients   |   |
| Sample size (mg)   |   |
| Inclusion/exclusion criteria for required samples/query (e.g. specific diagnosis, sample collection date, sex, age)  |   |

#### 4. Request of data

No additional data required; Pathological diagnosis; Clinical information; Gender; Age; Other

#### 5. Additional information

Please provide the approval number from the ethical committee or state «in preparation»

Please specify a funding for this study or state «in preparation»

#### 6. Services provided and associated costs

| Requested Services/Support per tissue sample, prices in CHF                           | Number* | *1Tarif         | Uni/Insel | Colla-boration  | Internal | Admin. Lab-total |
|---|---------|-----------------|-----------|-----------------|----------|------------------|
| <b>Collection</b>   |         |                 |           |                 |          |                  |
| Grossing (histologic sampling) of resection, per case                                 |         | 9               | 9         | 9               | 5        |                  |
| Snap freezing biobank sample (tumor and normal), per case                             |         | 20              | 20        | 15              | 10       |                  |
| Paraffin mirror block (normal), per block   |         | 30              | 30        | 15              | 7.5      |                  |
| Paraffin mirror block (tumor/diseased), per block                                     |         | 30              | 30        | 15              | 7.5      |                  |
| Reception TBB, per case   |         | 48              | 48        | 20              | 10       |                  |
| DMSO preserved sample (5 years <-130°C)   |         | 50              | 50        | 50              | 50       |                  |
| <b>Distribution</b>   |         |                 |           |                 |          |                  |
| Request handling incl. query for samples/ MTA/consent management (per project)        |         | 150             | 150       | 150             | 100      |                  |
| Sample handling, per case   |         | 30              | 30        | 20              | 10       |                  |
| Exit control, frozen sectioning and H&E, per case                                     |         | 42              | 42        | 32              | 15       |                  |
| Frozen sectioning, per slide  |         | 20              | 15        | 6               | 3        |                  |
| Paraffin cuts, incl. H&E (mirror paraffin block), per slide                           |         | 15              | 10        | 5               | 2.5      |                  |
| Pathologist Quality Control Report, per case  |         | 16              | 16        | to be discussed |          |                  |
| Sending material (Box, Dry ice, Transport, Documents for shipping)                    |         | to be discussed |           |                 |          |                  |
| Extended ELSI support   |         | to be discussed |           |                 |          |                  |
| Clinical/Pathological data  |         | to be discussed |           |                 |          |                  |
| Additional services   |         | to be discussed |           |                 |          |                  |
| Biobank administration (inventory Management per sample) for non SNF founded projects |         | 35              |           |                 |          |                  |

\*1 Different tariffs are available for non-medical faculty. Prices are reviewed annually and adjusted if necessary

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

Prior to receive the material, by signing the material transfer agreement document (MTA), the investigator confirms that the appropriate ethical permissions have been obtained.

After the project is finished, the investigator should inform TBB. Feedback shall be provided upon TBB request.

Signature project leader

Place, date

**TBB approval by:**

Signature TBB responsible

Place, date