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| To be completed by the biobank (if applicable) | | |
| Date of arrival: | Reg. no: | Sample collection ID: |

# L1b. Appendix – Information about existing samples in biobanks

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| Microbiology | Genetics | Chemistry | Immunology | | Pharmacology | Research sample collection | Other: |
| 1. Research study | | | | | | | |
| 1.1 Study title (as stated in in the application for ethical approval, clinical trial, or performance): | | | | | | | |
| 1.2 Study working title and/or study-ID (if applicable): | | | | 1.3 EU trial NO or EudraCT-no (in clinical trials of medicinal products): | | | |
| 1.4 CIV-ID (for clinical investigations of medical devices): | | | | 1.5 All registration numbers of the Swedish Ethical approval (not applicable for clinical trials and performance studies under EU regulation 536/2014, 2017/745 and 2017/746): | | | |

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| 1. Applicant | |
| 2.1 Principal investigator (applicable for projects with an ethical approval registration number (section 1.5)) or,  Sponsor (applicable for projects with an EU trial No. (section 1.3) or CIV-ID (section 1.4)) | |
| * + 1. Name: | 2.1.2 E-mail: |
| 2.2 Other contact persons (if other than specified in L1.1 or L1.2 (section 3.4) *or* T1.1 (section 4.2.6)) | |
| 2.2.1 Name: | 2.2.2 Project role: |
| 2.2.3 Phone: | 2.2.4 E-mail: |

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| 1. Invoice address | | |
| 3.1 Company/Organisation: | 3.2 Corporate identification no. (if applicable): | |
| 3.3 Cost centre/Invoice ref. (if applicable): | 3.4 PO #: | 3.5 VAT reg. no: |
| 3.6 Invoice address: | 3.7 Postcode: | 3.8 City: |
| 3.9 Country: | 3.10 E-mail: | 3.11 Peppol-ID/GLN-code: |
| 3.12 Other information (e.g., preferred payment period): | | |

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| 1. Information about where samples are to be sent | |
| 4.1 Delivery address: | 4.2 Contact information to person receiving the samples (name, phone number, e-mail): |
| 4.3 Other information (e.g. preferred delivery date): | |

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| 1. Sample collection the application pertains (if applicable) | | |
| 5.1 Hospital/unit/laboratory etc.: | 5.2 Name/ID of sample collection: | 5.3 Other: |

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| 1. Information about the requested material |
| Before submitting the application, please contact the biobank coordinator (biobankssamordnare), or the biobank custodian at concerned biobank, regarding samples.  LAB-ID/list of personal identity numbers shall be forwarded after the biobank application has been approved, all in accordance with local routines for withdrawal of samples and the requirements of the General Data Protection Regulation (GDPR), preferably as an Excel-file on a flash drive with sample ID and/or personal identity numbers.  Sample preparation is normally executed by the biobank or a clinical laboratory (please note, not all facilities offer this service). Please observe that the material is a limited resource and representative material must always remain. |
| 6.1 Individuals |
| Total number of individuals, including screened individuals: |

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| 6.2 Existing samples | | | | |
| Sample type (type of tissue, material from tumours, cells, blood, serum, plasma, DNA etc.) | Number of individuals | Number of samples per individual | Requested volume/quantity | Minimum volume/quantity |
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*Add more rows if necessary*

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| 1. Return of samples (To be completed by sample collection controller of existing samples, if applicable) |
| 7.1 Shall the samples be returned to the original sample collection?  Yes, sample type:  To be returned *(year, month)*:  No  Other: |

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| 1. Signature (To be completed by sample collection controller of existing samples) |
| 8.1 Endorsed or not endorsed |
| **The application is endorsed, with the following terms for access to existing material (if applicable):**          **The application is not endorsed. Reason:** |
| 8.2 Additional notes (such as information relating to processing times, dates when the applicant can get access to samples and priorities): |
| 8.3 Sample collection controller of existing samples |
| 8.3.1 Signature: |
| 8.3.2 Name in print: |
| 8.3.3 Date: |