

SAMPLE AND CLINICAL DATA REQUEST

APPLICANT INFORMATION

APPLICANT (PRINCIPAL INVESTIGATOR WHO LEADS THE PROJECT)

NAME*	<input type="text"/>
ID*	<input type="text"/>
E-MAIL*	<input type="text"/>
TELEPHONE NUMBER*	<input type="text"/>

CONTACT PERSON (IF OTHER THAN APPLICANT)

NAME	<input type="text"/>
E-MAIL	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>

RESEARCH PROJECT ¹

TITLE*	Indicate the title of the research project in which you will use the samples <input type="text"/>
REFERENCE*	<input type="text"/>
FUNDING INSTITUTION/AGENCY*	Indicate the full name of the funder of the project <input type="text"/>
FINISH DATE (DD/MM/YYYY)*²	<input type="text"/>
APPROVAL BY A HUMAN RESEARCH ETHICS COMMITTEE¹	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>SUMMARY OF THE PROJECT¹ (300 words, approximately)</p>	
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¹ **YOU MUST ATTACH:**

- Complete project memory in which the samples will be used, indicating its version number
- A copy of the approval of a Human Research Ethics Committee (if you don't have it yet, we will be in charge of processing it)

² Samples will be released after the signature of the Sample Transfer Agreement, or later progressively, as they are collected or as needed by the researcher through his project (eg fresh samples). The transfer will end on the final date of execution of the project, and will have a maximum validity of four years.

INSTITUTION MANAGING THE RESEARCH PROJECT ³		
ORGANIZATION*		
MAILING ADDRESS*		
TAX IDENTIFICATION NUMBER (VAT)*		
LEGAL REPRESENTATIVE (who is responsible for signing the sample transfer agreement)	NAME*	
	ID*	
	POSITION*	

³Data requested to be included in the Sample Transfer Agreement and for billing purposes

SAMPLE AND DATA REQUESTED

Fill the following information about the samples you want to order. If you have any questions, contact us in advance at biobanco.iacs@aragon.es.

DONOR CHARACTERISTICS		
PATHOLOGY OR SAMPLE COLLECTION*	<input type="text"/>	
SPECIFY PATHOLOGY	If it is possible, specify the pathology you are requesting <input type="text"/>	
ICD-10 (if you know it)	<input type="text"/>	
Inclusion criteria	AGE RANGE	<input type="text"/>
	SEX	<input type="text"/>
	OTHER CRITERIA	(E.g. treatment, stage of disease etc) <input type="text"/>
TYPE OF COLLECTION*	ONLY ONE EXTRACTION	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LONGITUDINAL (specify you need)	E.g. extractions pre and post treatment, every 3 months, etc <input type="text"/>
OTHER OBSERVATIONS	Indicate any other relevant aspects to take into account for the selection of donors <input type="text"/>	

CHARACTERISTICS OF THE SAMPLES ⁴				
Format		Number of cases	Quantity/case	Other specifications
TISSUE	Frozen (OCT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Paraffin embedded	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fresh	<input type="text"/>	<input type="text"/>	<input type="text"/>
BLOOD DERIVATIVE	Total blood	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Serum	<input type="text"/>	<input type="text"/>	<input type="text"/>

BIOBANK OF THE ARAGON HEALTH SYSTEM

	Plasma	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Leucopack	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PBMCs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DNA	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other derivatives	<input type="text"/>	Quantity/case	<input type="text"/>
OTHER SAMPLES	Cerebrospinal fluid	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Stool	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bone marrow	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Placenta	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Umbilical cord	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Nasopharyngeal exudate	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OTHER SAMPLES	<input type="text"/>	Quantity/case	Indicate the required sample type <input type="text"/>

⁴Standard conditions for each type of sample: Indicated in our rate list

<https://www.iacs.es/servicios/biobanco/biobanco-solicitar-muestras-y-servicios/>

COMMENTS ON THE CHARACTERISTICS OF THE SAMPLES

OTHER DETAILS RELATING TO THE SAMPLES			
Do you need tumor and normal tissue from the same patient?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you need paired samples from the same patient (tissue, blood derivatives, stool, etc.)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Detail on paired samples: Specify any details of interest			
Are valid the samples from patients previously treated by radio- and/or chemotherapy		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other details you want to point-out: Indicate any other aspects of interest (e.g. preserving medium for fresh tissues, etc.)			
ASSOCIATED CLINICAL DATA			
AGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEX	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DIAGNOSIS	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER DATA (specify)		If you need other clinical data, specify which	
SAMPLE SHIPPING			
Delivery address for the samples			

GENERAL CONDITIONS

1. The researcher authorizes the Aragonese Institute of Health Sciences to submit his request to the different evaluation bodies described in the Internal Regulations of the Biobank of the Aragon Health System (BSSA). This request will be considered confidential information.
2. All samples and data transfers will follow the provisions of the Spanish Biomedical Research Law 15/2007 and the Royal Decree of Biobanks 1716/2011.
3. The samples stored by the BSSA are non-profit transferred to researchers who require them for biomedical research purposes. Only the costs of obtaining, maintenance and handling the samples, and of application management will be charged. The applicant can request a disclosed budget and accepts the payment of these expenses by the signature the agreement for the transfer of samples and receipt of the corresponding invoice.
4. As a general rule, the BSSA will not serve samples with recognized infectious-contagious capacity. Nevertheless, BSSA is not responsible for the possible unknown infectivity of the supplied material, and its sterility is not guaranteed.
5. The applicant researcher and his institution assume full responsibility for the information and training of the personnel involved in the project, regarding the risks and security procedures that must be observed in the handling of samples of human origin.
6. The BSSA is not responsible for possible damages derived from the transport or handling of the material once it has been collected by the transport provider contracted by the applicant.
7. The researcher accepts the responsibility to preserve the samples in an adequate manner, as well as to maintain their traceability.
8. The samples must be used according to current legislation, for the sole purpose of use in research or teaching, and exclusively for the project attached to this application, which must be subject to the usual ethical criteria. The supply of this material or its derivatives to third parties without the pertinent authorization of this Biobank is expressly prohibited. In no case may the material be used on humans.
9. In accordance with the provisions of Spanish Biomedical Research Law 15/2007, the BSSA will transfer the minimal sample quantity that allows to achieve the objectives proposed by the researcher.
10. The researcher agrees to destroy or return excess material to BSSA once the project is completed.
11. The researcher agrees to give credit to the origin of the samples in the possible publications derived from the research carried out, in accordance with what is specified in the Sample Transfer Agreement, and to send the BSSA a copy of the scientific articles and communications.

If this application is approved, the principal investigator of the project and the requesting Organization will sign a Sample Transfer Agreement, which will include the commitments indicated above.

The personal data that may appear in this application will be incorporated into the treatment system for which the Aragonese Institute of Health Sciences is responsible, located at the Centro de Investigación Biomédica de Aragón. Avda. San Juan Bosco, nº13. 50009. Zaragoza (Spain). The data will be processed to manage and process the requests. The data will be deleted when the service has been provided and they are no longer necessary; and in any case when the term of the legal prescriptions is fulfilled. You have the right to access, rectify and delete the data, as well as the other rights granted by the data protection regulations before the Aragonese Institute of Health Sciences, with address at the Centro de Investigación Biomédica de Aragón. Avda. San Juan Bosco, nº13. 50009. Zaragoza (Spain) or requesting it through the electronic form ["http://www.iacs.es/instituto-aragones-ciencias-la-salud/oficina-virtual/contactar-con-el-iacs-2/"](http://www.iacs.es/instituto-aragones-ciencias-la-salud/oficina-virtual/contactar-con-el-iacs-2/) or protecciondatos.iacs@aragon.es.

TO BE COMPLETED BY THE BIOBANK

APPLICATION RECEIPT DATE	<input type="text"/>
REFERENCE	<input type="text"/>
REPORT ON AVAILABILITY OF THE REQUESTED SAMPLES AND CLINICAL DATA	<input type="text"/>

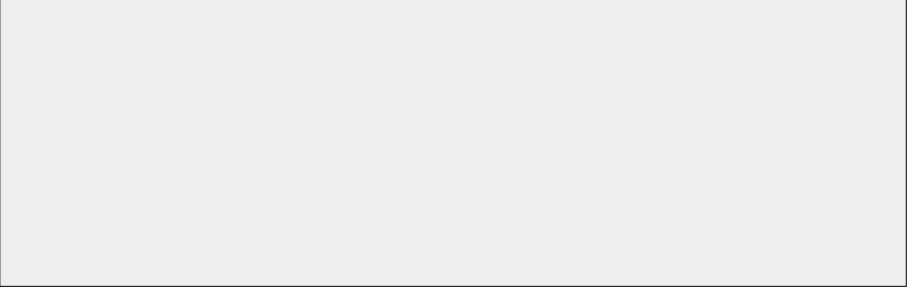
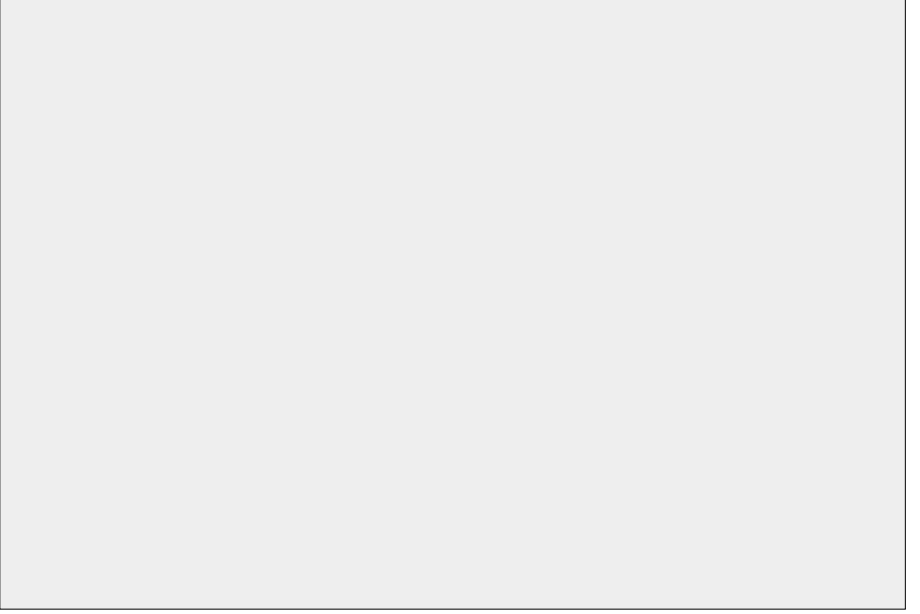
MODIFICATION OF THE REQUEST FORM (SAMPLES AND/OR DATA)

In the event that, once the processing of your request has started (or if it has already been approved and the corresponding Sample Transfer Agreement has been signed), you wish to make any modification in the number or type of samples, in the clinical data, or in any other relevant aspect of the original application, must detail the requested modifications in the following table:

MODIFICATION REQUEST-1	
SAMPLE MODIFICATION	Indicate the changes in the type and / or number of samples <div style="border: 1px solid black; height: 100px;"></div>
DATA MODIFICATION	Indicate the modifications in the clinical data requested <div style="border: 1px solid black; height: 100px;"></div>
JUSTIFICATION OF REQUESTED MODIFICATIONS	<div style="border: 1px solid black; height: 150px;"></div>


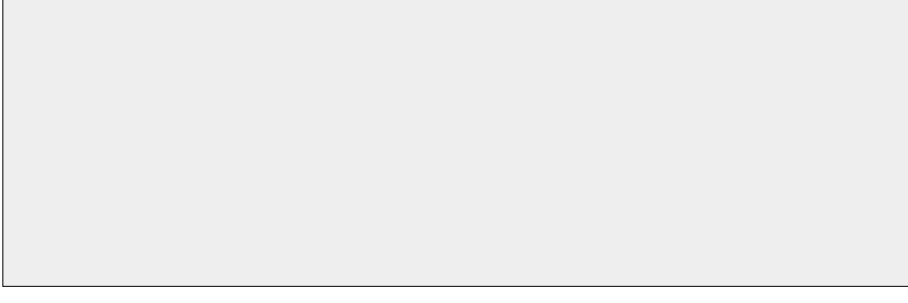
If the requested modifications are not in accordance with the original research protocol, you must send us an updated version of it, with the changes highlighted and with the version number.

MODIFICATION REQUEST-2

SAMPLE MODIFICATION	Indicate the changes in the type and / or number of samples 
DATA MODIFICATION	Indicate the modifications in the clinical data requested 
JUSTIFICATION OF REQUESTED MODIFICATIONS	

If the requested modifications are not in accordance with the original research protocol, you must send us an updated version of it, with the changes highlighted and with the version number.

MODIFICATION REQUEST-3

SAMPLE MODIFICATION	Indicate the changes in the type and / or number of samples 
DATA MODIFICATION	Indicate the changes in the clinical data requested 
JUSTIFICATION OF REQUESTED MODIFICATIONS	

If the requested modifications are not in accordance with the original research protocol, you must send us an updated version of it, with the changes highlighted and with the version number.