

Biomaterial /Data Request Form

# Biomaterial/Data Request Form

I) Project information			
1) Application Date:		(dd.mm.yyyy)	
2) Project Title:			
3) Request:	☐ Biomaterial (please fill out section II) ☐ Clinical and Imaging Data (please fill out section III)		
4) Applicant:			
Name:			
Institution:			
Address:			
Email:			
Phone:			
Fax:			
5) Co-Applicant:			
Name:			
Institution:			
Address:			
Email:			
Phone:			
Fax:			
6) Project Schedule:			
Starting Date:		(dd.mm.yyyy)	
Expected Duration:		(months)	



Biomaterial /Data Request Form

7) Project Description:	
Is the project described in initial DZL proposal? O Yes O No	
If yes, please add a copy of the initial proposal, project description is not necessary	
max. 1 page: including a) scientific background, b) research question to be answered, c) study design/methods (including statistics where reasonable), d) potential conclusions/relevance of outcome, involved collaborators	e)



## Biomaterial /Data Request Form

8) Ethics:			
Ethics commi	ittee vote number		
Ethics commi	ittee		
(Please attac	h a copy of the ethics	committee vote)	
II) Specification	on of Biomaterials		
8) Requested	Biomaterials (use se	eparate sheet if necessary):	
Type/Specime	en	Number of samples	Quantity/aliquot volume
9) Specific der	mands by applicant:		
10) Shipment	Address (if differen	t from Pos. 4):	
Name:			
Institution:			
Address:			
Email:			
Phone:			
Fax:			
11) Favored S	hipper		
None $\square$	Name		
	Customer Code		



Biomaterial /Data Request Form

III) Specification of Data
12) Requested Clinical Data (description of requested data items):
13) Specific demands of the Applicant:
14) Requested Imaging Data (description of requested data items):
15) Specific demands of the Applicant:



Biomaterial /Data Request Form

## **IV) Additional Information**

## 16) Acknowledgements

Any publication based upon the requested biomaterials or data must acknowledge the contribution made by the dispatching Bio- and/or Image Bank and the DZL Platform Biobanking and/or Imaging. Good scientific practice permitting, this includes co-authorship by one or more representative of the dispatching Bio and/or Image Bank. Terms and conditions need to be negotiated prior to the submission of a manuscript.

The following sentence has to appear in the acknowledgements of any publication based upon the requested biomaterials and data: Biomaterials/Data were provided through the DZL Platform Biobanking/Platform Imaging.

17) Billing Add	dress:			
Name:			 	
Institution:			 	
Address:			 	
Email:			 	
Phone:				
Fax:				
18) Further re	marks by the Applica	nnt:		



Biomaterial / Data Request Form

### V) Signature

### 19) Terms and Conditions

- Handling of the requested biomaterials and data has to comply with the DZL By-Laws (Geschäftsordnung zur Proben- und Datenverarbeitung im DZL, Stand 02.11.2017) and with any other regulations exercised by the dispatching Biobank / Image Bank.
- The requested biomaterials and data must be used only for the research purposes laid out in the project description (Pos. 7).
- o Any transfer to third parties or commercial use of the requested biomaterials and data is prohibited unless proposed and specified here in.
- The DZL Platform Biobanking / Platform Imaging and the dispatching Biobank / Image Bank will not be held liable for any damage arising from the transfer, handling or use of the requested biomaterials and data.
- o All unused biomaterials have to be returned to the dispatching biobank or have to be destroyed as soon as possible.
- o All data have to be deleted immediately after the purposes laid out in the project description (pos. 7) have been accomplished or any pending GCP requirements have been met, whichever comes last.
- o Within 15 months after receipt, the applicant must inform the dispatching Biobank / Image Bank about the progress of the project for which biomaterials and data were requested.
- The applicant agrees to cover all costs incurred for the release and transfer of the requested biomaterial and data except when otherwise stipulated.

I hereby accept the above terms and conditions.		
Place, Date	Signature	

#### Please send the completed form via email, fax or letter to:

Geschäftsführer / Managing Director
Deutsches Zentrum für Lungenforschung e. V.
Geschäftsstelle
Aulweg 130
D-35392 Gießen

Tel / Phone: +49 641 99 46724 Fax: +49 641 99 46729 Email: c.kalberlah@dzl.de

Dr. Christian Kalberlah