***Request form for delivery of biologic samples to UPO Biobank (biobanking)***

**Project title**:

***Project title*** *(Acronym/working title):*

***Applicant / Principal Investigator***

***Applicant / Principal Investigator Institution*** (work address)

***Applicant / Principal Investigator phone number and E-mail***

***Other involved Institutions and contact persons***

***Other contact person*** (if applicable, such as study coordinator, study nurse etc):

***Approval from the Ethics Committee***

*YES NO*

***Provide registration number of the Ethical approval***

***Notes*** (including decisions of essential alterations):

***Background, scientific rationale and aims*** of the proposed research project (up to 4000 characters):

***Highlight the project consistency with UPO Biobank purposes*** (to promote basic, translational and clinical research carried out in both UPO and/or with outer National and International Institution partnership) (up to 2500 characters):

***Lay summary of the research project in plain language (Italian / English), stating the aims, scientific rationale, project duration and public health impact***

*English* (up to 2000 characters):

*Italian* (up to 2000 characters):

***Duration of Study*** and ***Time scheduling for sample delivery***:

***Total duration of the study:***

***Date of the study start:***

***State expected date of study end:***

***Start date for sampling (if applicable):***

***State expected date of final sampling (if applicable):***

***Total number of participants involved***:

***Description of sampling.***  *Give a brief description of how the sampling is conducted as well as how the samples are handled*:

***Description of the biologic material required for the study (type and quantity) and analyses that will be performed with this material***

***Type and quantity of material exclusively dedicated to the project***

*Samples remaining after completion of the approved study will remain in UPO Biobank to be assigned to new research projects*

**Type and number of biological samples collected for biobanking:**

|  |  |  |
| --- | --- | --- |
| **Sample(s)**  | **Number of samples and/or ml** | **Special handling instructions** |
|  Serum |  |  |
|  Blood (sodium-citrate) |  |  |
|  Blood (EDTA) |  |  |
|  Blood (heparin) |  |  |
|  Saliva |  |  |
|  Urine |  |  |
|  Feces |  |  |
|  Buccal swab |  |  |
|  Oropharyngeal swab |  |  |
|  … |  |  |
|  … |  |  |

NOTE: The consent has to be obtained from all participants (or legal guardians) according to the study’s ethical approval.

The responsible researcher keeps all signed consent forms

The responsible researcher delivers informed consents to UPO Biobank

**Date (dd/mm/yy): Applicant name:**

 **Applicant signature:**  