**Human Material Request Form**

Non-commercial, Scientific, Educational or Research use

**IMPORTANT**

**Please read carefully before submitting the Request Form.**

**The Terms of Use and the Submitted Request Form are binding, by signing this Request form you agree to the Terms of Use.**

**This RF is only valid for the duration of the EC project**

To be completed by Recipient:

**PARTIES**

**University Hospital Ghent**, part of Ghent University, in accordance with the Special Decree of June 26th, 1991 (Belgian Official Gazette 29/6/1991) and with head office in Belgium, 9000 Ghent Corneel Heymanslaan 10, (VAT number: BE0232.987.862) represented by prof. dr. E. Mortier, executive director, who assigns the further execution of the Submitted Request Form to dr. **Elke Berneel** as HIRUZ Biobank Operational Manager and prof. dr**. Catherine Van Der Straeten** as HIRUZ Head of Department (the “Operational Provider”) prof. dr. **xxx** as biobank medical manager (the “Provider”)

**and**

**Recipient Organization** (the “Recipient”):

Official address:

City/State: Country: Belgium

**Recipient Scientist**:

Group / Unit:…………………………………………….

Phone:

Email:

Department contact:

**Reception of material**

Name: Phone:

Group / Unit: E-mail:

Address:

City/State: Country:

**THE PROJECT** (the “Project”)

Project title:

Promoter:

Description (background, aim, study design, references of the Project, including details on use of Material and calculation of the requested amount):

**Duration and completion date:**

**Identify all funding sources/research grants** **for the Project** (incl. grant number):

**Will subcontractors be using Material in the Project**: Yes/No

If ‘Yes’, please fully identify the subcontractors and the purpose of their access to the Material:

**Has the Project been reviewed by the local ethics committee?** Yes/No/Not applicable

If ‘Yes’, attach signed approval; if ‘No’ or ‘Not applicable’, please explain:

**REQUESTED ORIGINAL HUMAN MATERIAL** (the “Original Material”)

**A. Requested tissue**

Type of tissue / disrupted tissues /neoplasia:

Anatomic location:

Characteristics of the disease (grade, stage, type, etc.):

Detailed description of the tissue requirements:

**Details of the requested samples per case:**

Total number of requested cases:

Paired samples (pathological/normal of the same patient): Yes/No

Validity of tissue treated with radio/chemotherapy: Yes/No

Validity of tissue from necropsy: Yes/No

**Solid tissue:**

|  |  |
| --- | --- |
| TMAs: |  |
| Requested TMA | Number of unstained slides |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| WHOLE SECTION TISSUE: | | Tumoral | No tumoral |
| Paraffin-embedded tissue | Standard slides for staining\* |  |  |
| Standard tissue for extraction\* |  |  |
| Whole block (only with technical justification) |  |  |
| Frozen tissue  (OCT) | Standard slides for staining\* |  |  |
| Standard tissue for extraction\* |  |  |
| Whole block (only with technical justification) |  |  |
| Other types of solid samples: | |  |  |

*\* Standard conditions: - slides for staining: 4 um thick and mounted on slide*

*- standard paraffin-embedded tissue: an Eppendorf tube with 3 slices 15 um thick*

*- frozen tissue standard for extraction: an Eppendorf tube with 10-15 slices 15 um thick*

**B. Requested fluids**

Type of fluid:

Characteristics of the disease (grade, stage, type, etc.) :

Detailed description of the specific requirements:

**Details of the requested samples per case**:

Total number of requested cases:

**Blood and hematologic derivatives:**

|  |  |  |
| --- | --- | --- |
|  | Special requirements / Processing at BB | Requested quantity |
| Peripheral blood |  |  |
| Serum |  |  |
| Buffy-coat |  |  |
| Plasma |  |  |
| Other types of fluids: | |  |

**C. Other types of requested samples**

|  |  |  |
| --- | --- | --- |
|  | Special requirements / Processing at BB | Requested quantity |
| Cells (not stem cells) |  |  |
| Urine |  |  |
| DNA/RNA fractions |  |  |
| Stool samples |  |  |
| Cerebrospinal fluid |  |  |
| Saliva |  |  |
| Other: |  |  |

**CONDITIONING OF THE ORIGINAL MATERIAL:** Fresh - fresh/frozen - fixed - others

**REQUESTED DATA** (data concerning the Original Material that is needed for the Project):

**SHIPMENT:** by Provider courier/by Recipient courier (Client Id. / Account):

*For the purposes of the HMTA, “Material” will mean the Original Material listed above and all progeny, modifications and derivatives thereof and all data provided by Provider to Recipient (the “Data”).*

To be completed by the Provider:

**Ownership and use of the results of the Project:**

- Recipient will own the results of the Project.

- Provider may use the results for its basic research and educational purposes, upon prior written approval obtained from Recipient

**Reporting:**

- Upon completion of the Project, Recipient will provide Provider with an overview of publications/patent filings generated with the material

**Recommended wording to the acknowledgement or methods section** (presentations, publications or press releases):

In publications, obtained with human body material under operational management of HIRUZ biobank, HIRUZ biobank must be acknowledged in the article following the standardized guidelines for citation of biobanks (CoBRA, reference paper: Bravo et al., Developing a guideline to standardize the citation of bioresources in journal articles (CoBRA); BMC Medicine 2015, 13:33, 1-12)

1. In the introduction section: the use of samples under operational management of HIRUZ Biobank and date of sample request must be mentioned
2. In the material and methods section: the collaboration with HIRUZ biobank, Ghent, Belgium, ID: BE 71067049 must be mentioned. If relevant the amount of samples and sample type must be mentioned. A reference should be made to the references of the article.

HIRUZ Biobank must be cited in the references as follows: <https://www.biobanking.com/bioresource-center-ghent/>

Has the Project been reviewed by the **Provider advisory board**: Yes/No

Has the Project been approved by the **Provider ethics committee**:Yes/No/Not applicable

**Known specific risks related to the Original Material:**

**Unused/remaining Material** (including all progeny, modifications, derivatives and Data) must be destroyed (with certificate of destruction) at Recipient’s costs/returned to Provider at Recipient’s costs

**Total charges (excl. VAT):**

The parties agree that the payee designated below is the proper payee for this agreement, and that payments under this agreement will be made only to the following payee:

Name of account holder: Universitair Ziekenhuis Gent

Address of account holder: C. Heymanslaan 10, 9000 Gent

VAT number BE 0232.987.862

Name bank: BNP Paribas - Fortis

Bank address: Ravensteinstraat 29, 1000 Brussel

Bank account number: 001 6448247 54

IBAN: BE42 0016 4482 4754

Swiftcode: GEBABEBB

Reference: KW/xxx

Payments will be payable after receipt of an invoice. In case of late payment, Provider reserves the right to charge an interest of 8,5%.

**By signing below, each party acknowledge that they have read and understood and agree to the conditions set forth in the Request Form and the Terms of Use, as evidenced by their signatures below.**

Signatures:

**Authorized representative of Recipient**: I have read and agree with the above and the ToU

Name:

Title:

Signature: Date:

Recipient Scientist: I have read and agree with the above and the ToU

Name:

Title:

Signature: Date:

Name of promoter:

Title of promoter:

Signature: Date:

**Authorized representative of Provider**:

Biobank operational manager

Name:

Title:

Signature: Date:

Biobank medical manager

Name:

Title:

Signature: Date:

Head of department:

Name:

Title:

Signature: Date:

**Authorized representative of HIRUZ biobank**:

HIRUZ Biobank Operational Manager

Name:

Title:

Signature: Date:

HIRUZ Head of department

Name:

Title:

Signature: Date: