



Erasmus MC Tissue Bank

Sample request form

Investigator:

Family name:

First name:

University/Hospital:

Department:

Position:

Room number:

Phone number:

E-mail:

Describe the required tissue sample(s): Please provide quantities, condition (normal /unaffected /tumor /inflamed), type (exact diagnosis) and - if already available - E-numbers. Include study as well as control samples. (This information can also be given in an attached excel file)

The tissues will be used in a project supported by a grant?

YES

If Yes: Name granting agency:

Grant Number:

Name Investigator:

Since the tissues originate from patients strict rules need to be followed. Scientific research on patient material has to comply to strict rules and regulations. The rules and regulations are described by the Dutch [Federation of Medical Scientific Societies \(FMWV\)](#) has described these rules and regulations in the [Code of Good Practice](#). Is the responsible investigator in this project acquainted with these rules?

YES

Abstract *(Please describe the goal of the project and the techniques which will be used).*

Has the proposed research been reviewed by the local ethics committee?

YES

METC NR.

Was permission obtained from the local ethics committee?

YES

Date:

Signature: