

Erasmus MC Tissue Bank

Tissue request form

Investigator:

Family name:

First name:

University/Hospital:

Department:

Position:

Room number:

Phone number:

E-mail:

Number of requested tissue specimen:

Describe the required tissue type and condition (normal/tumor/inflamed).

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

YES

If Yes:

Name granting agency:

Grant Number:

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"](#) (Dutch only).

Is the responsible investigator in this project acquainted with these rules?

YES

Name Investigator:

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

Was permission obtained from the local ethics committee?

YES

Date:

Signature: