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Weefselbank aanvraagformulier			Erasmus MC Universitair Medisch Centrum Rotterdam
Document: FO-WSB-023	Versie	16	
Auteur: MHA Oomen	Uitgifte Datum	17-07-2019	

Erasmus MC Tissue Bank

Sample request form

Investigator:

Family name:

First name:

University/Hospital:

Department:

Position:

Room number:

Phone number:

E-mail:

Budget nr

Project name

Required tissue samples:

FFPE (formalin fixed and paraffin embedded) / Frozen samples / Fresh tissue

Tissue condition (normal /unaffected /tumor /inflamed*):

In case affected, provide exact diagnosis preferably in terms

Note: PARTS request forms for additional techniques can be found under [FO-ALG-352](#) (TMA, microdissection, virtual microscopy, DNA and RNA isolation) and [FO-ALG-110](#) (Histology: cutting, staining and special stains). See prices on the [PARTS](#) site.


Quantity:

Estimated nr of tissue sections or Punch, volume in mm³


Required number of stained glass slides / blanc unstained glass slides

Coded PA report / Tissue bank information required (*delete as appropriate*)

Prospective collection necessary? YES/NO, if YES; a fee of minimal €500 per year will be charged to your provided budget number.

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If available provide list of E numbers, PA numbers or PID numbers in attached or uploaded Excel file.

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Name Investigator:

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

If Yes: Name granting agency:

Grant Number:


Research proposal/ Abstract (Please describe the goal of the project, how it can improve patient care in the future and the techniques which will be used).

(1) Scientific Goal:

(2) Methods:

(3) Methods used on the tissue samples:

(4) Expected improvement of care:

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Name Investigator:

Code of Conduct:

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 Conduct \(2011\)](#). Is the responsible investigator in this project acquainted with these rules?

YES

WMO:

Is the proposed research considered to fall under the jurisdiction of the WMO

NO

If NO, was WMO evaluation obtained from the METC?

YES

In case the proposed research falls under the WMO, was permission obtained from the local ethics committee?

YES

Please provide the METC reference number below.

METC NR:

Other options (e.g. Approval outside Erasmus MC):

- *It is the responsibility and integrity of the primary investigator, that tissue obtained through this request form are NOT used for any other research than described in this form. E.g., materials may not be transferred to other scientists performing research on the tissues not described in this form.*
- *After the on this form described research is done, the materials shall be returned to the tissue bank, which needs to fall within the term agreed upon in the MT, unless an alternative time is negotiated or the sample is completely used.*
- *In case the here described research is falling under the Dutch WMO, Informed consent overrules the method of objection (secondary use). It is the responsibility and integrity of the primary investigator, that in this form described research is part of, or also described to the patient before signing the informed consent.*
- *The data filled out in this form will be treated confidential. However, it must be shared within the biobanking committee for scientific evaluation purposes. In addition, the title of the research is used in the annual Erasmus MC tissue bank report which will become available in the public domain.*

If you agree to the above terms, please send in the completed form electronically as attachment to one e-mail addressed to: parts@erasmusmc.nl

If it concerns frozen tissues it can also send directly to: m.oomen@erasmusmc.nl; s.arshad@erasmusmc.nl; p.riegman@erasmusmc.nl;

Signature of this request for request documentation will follow upon personal contact with PARTS or the Erasmus MC Tissue Bank

Date:

Signature: