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Weefselbank aanvraagformulier			
Document: FO-WSB-023	Versie	18	
Auteur: MHA Oomen	Uitgifte Datum	15-03-2022	

# 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\*) and (estimated) number of samples needed:

In case affected, provide exact diagnosis (preferably in standard 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). For more information, see the [PARTS](#) website.*


Quantity:

Estimated nr of tissue sections or  Punch, volume in mm<sup>3</sup>

Required number of stained glass slides / blanc unstained glass slides

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


Prospective collection necessary? a fee of minimal €500 per year will be charged to your provided budget number.

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Name Investigator:

If available provide list of E numbers, PA numbers or PID numbers in attached or uploaded Excel file or (copy (Ctrl C) paste Ctrl V)) in the free text field below.

Click or tap here to enter text.

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Name Investigator:

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

**If Yes:** Project name:

Grant Number & agency:


**Research proposal/ Abstract** please describe the following items:

Scientific goal: [Click or tap here to enter text.](#)

Methods: [Click or tap here to enter text.](#)

Techniques used on the tissue samples: [Click or tap here to enter text.](#)

Expected improvement of care: [Click or tap here to enter text.](#)

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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 "Gedragscode Gezondheids onderzoek (2022)" the responsible investigator in this project acquainted with these rules?  **YES**

**WMO/nWMO:**

Is the proposed research considered to fall under the jurisdiction of the WMO?  **NO**

If NO (nWMO), was the obligated nWMO evaluation obtained from the METC?  **YES**

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

Please provide the METC reference number and Panama number below (both WMO and nWMO).

**METC NR:**

**Panama 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](mailto:parts@erasmusmc.nl)*

*If it concerns frozen tissues it can also send directly to: [m.oomen@erasmusmc.nl](mailto:m.oomen@erasmusmc.nl);*

*[s.arshad@erasmusmc.nl](mailto:s.arshad@erasmusmc.nl); [p.riegman@erasmusmc.nl](mailto: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:**