
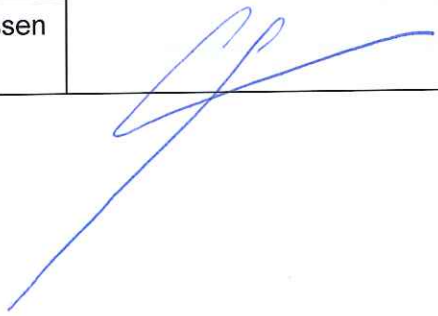


<b>Title:</b>	<b>Form to request samples from a HOVON biobank</b>	
Version:	01	
Effective date:	01-MAR-2016	
<i>Author name</i>	<i>Signature</i>	<i>Date</i>
P. Westveer		21-Mar-2016
<i>Approver name</i>	<i>Signature</i>	<i>Date</i>
Prof Dr J. J. Cornelissen		26 February 2016

## Request to provide samples from a HOVON biobank

**Person requesting the use of samples:**

Name: \_\_\_\_\_ Role/function: \_\_\_\_\_

Institution: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Describe the purpose the data will be used for:** Research project     Commercial application (e.g. product development) Other, specify: \_\_\_\_\_

Title and short description of the project: \_\_\_\_\_

Please include a research proposal / project summary with this document, including background, objectives, methods, preliminary data, anticipated results and appropriate power calculations (not more than 3xA4)

**Project leader / supervisor:**

Name: \_\_\_\_\_ Role/function: \_\_\_\_\_

Institution: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Will results from the project be published?** Journal     Conference (oral, poster, abstract)     Other, specify: \_\_\_\_\_ No, provide reason: \_\_\_\_\_**Please provide names of any project partners / affiliates:****Describe the samples required:**

List HOVON trial(s) and type of samples. Or include information in an attachment.

**I have read and understood the conditions regarding the use of samples from a HOVON biobank as stated in the HOVON biobank policy.**

To be signed by the project leader / supervisor.

**Name****Date****Signature**

## Request to provide samples from a HOVON biobank

Please send a copy of the signed form by e-mail together with a research proposal / project summary to:

HOVON Biobank Coordinator                      HDC@erasmusmc.nl

For lymphoma tissue samples send to:

HOP Biobank Coordinator                      HOP@vumc.nl

**To be completed by the chair from the relevant HOVON working group**

**Opinion of the working group regarding this request:**

Or include in an attachment.

**Name**

**Date**

**Signature**

**To be completed by HOVON executive board representative if approval to provide samples is granted:**

**Name**

**Date**

**Signature**