**Biological Sample Storage Application**

Applicant Institution Name:

Applicant Name:

Contact Phone:

Application Date:

Purpose of Application:

This application aims to submit the following biological samples (describe sample type, quantity, source, etc.) to your institution’s repository for storage, in compliance with your management policies. We agree to cooperate and adhere to relevant laws, regulations, and ethical standards to ensure legal and secure sample usage.

Sample Details:

1. Sample Type:

2. Quantity & Source:

3. Processing Method:

Applicant Declaration:

1. The submitted samples are legally obtained, and their use will not infringe upon others’ rights.

2. We will strictly comply with your sample management regulations and terms of use.

Applicant Contact Information:

Address:

Email:

Signature: (Applicant or Authorized Representative)

Institution Approval Decision: Approved / Rejected

Approver Signature:

Approval Date:

Notes:

1. Storage duration and subsequent usage shall follow your institution’s policies.

2. Any special requirements or additional conditions must be specified in the approval remarks.