

P2N Management Office
c/o Institute of Epidemiology
Christian-Albrechts University of Kiel
Niemannsweg 11
D- 24105 Kiel
Germany
FAX: +49 431 597 3730
email: transfer@p2n-sh.de



PROJECT SPECIFICATION

P2N ref. no.

(to be filled in by administration)

|_____| / |_____|

BIOMATERIAL AND DATA ACCESS REQUEST FORM

1.	Access Requested (please tick) Application Date: ____ . ____ . ____ Biomaterial <input type="checkbox"/> Data <input type="checkbox"/>
2.	Project Title:
3.	Dispatching Biobank (tentative):
4.	Patients/Probands (precise description of individuals of whom biomaterials or data are requested)
5.	Principal Applicant Name: Institution: Address: Email: Phone: Fax:
6.	Project Schedule Starting Date: ____ . ____ . ____ Expected Duration: ____ . ____ . ____

7. Project Description (max. 2 pages)

Please address the following issues:

- | | |
|-------------------------------------|--|
| a) scientific background of project | d) study design, analysis methods |
| b) research question to be answered | e) potential conclusions, relevance of outcome |
| c) success prospects of project | f) scientific collaborators, other institutions involved |

Please use extra sheet if necessary!

SPECIFICATION OF BIOMATERIAL					
8.	Requested Biomaterials (use extra sheet if necessary)				
	Type	Quantity	Unit	Concentration	Justification of Quantity
9.	Specific Demands by Applicant (e.g. sample preparation, shipping conditions)				
10.	Shipment Address (if different from pos. 5) Name: Institution: Address: Email: Phone: Fax:				
11.	Favoured Shipper (if applicable, add declaration of cost absorption) None <input type="checkbox"/> Name: Customer Code:				
SPECIFICATION OF DATA					
12.	Requested Data (description of requested data items)				
13.	Specific Demands by Applicant (e.g. data format, transfer medium)				

ADDITIONAL INFORMATION	
14.	<p>Acknowledgements</p> <p>Any publication based upon the requested biomaterials or data must acknowledge the contribution made by the dispatching biobank. Good scientific practise permitting, this includes co-authorship by one or more representatives of the dispatching biobank. Terms and conditions need to be negotiated prior to the submission of a manuscript.</p> <p>The following sentence has to appear in the acknowledgements of any publication based upon the requested biomaterials and data: "The popgen 2.0 network (P2N) is supported by a grant from the German Federal Ministry for Education and Research (01EY1103)."</p>
15.	<p>Billing Address (if different from pos. 5)</p> <p>Name:</p> <p>Institution:</p> <p>Address:</p> <p>Email:</p> <p>Phone:</p> <p>Fax:</p>
16.	<p>Further Remarks by Applicant (use extra sheet if necessary)</p>
SIGNATURE	
17.	<p>Terms and Conditions</p> <ul style="list-style-type: none"> • Handling of the requested biomaterials and data has to comply with the P2N Rules of Order (version 2.9) and with any other regulations exercised by the dispatching biobank. • The requested biomaterials and data must be used only for the research purposes laid out in the project description (pos. 7). • Any transfer to third parties or commercial use of the requested biomaterials and data is prohibited. • P2N and the dispatching biobank will not be held liable for any damage arising from the transfer, handling or use of the requested biomaterials and data. • All unused biomaterials have to be returned to the dispatching biobank as soon as possible. Within 15 months after receipt, the applicant must inform the dispatching biobank about the progress of the project for which biomaterials and data were requested. • All data have to be deleted immediately after the purposes laid out in the project description (pos. 7) have been accomplished or any pending GCP requirements have been met, whichever comes last. • Any deanonymisation of the requested biomaterials and data is strictly prohibited. • The applicant agrees to cover all costs incurred for the release and transfer of the requested biomaterial and data except when otherwise stipulated (specify on separate sheet). <p>I hereby accept the above terms and conditions.</p> <p>_____</p> <p>Place, Date</p> <p>_____</p> <p>Signature (Principal Applicant)</p>

18.	IRB Approval (please provide a copy of the approval) Reference No. and Title	(to be filled out by the institutional review board)	
		Granted	Not Granted

		Place, Date	

		Signature (IRB Representative)	

REQUEST PROCESSING FORM (to be filled out by administration)	P2N ref. no. _____ / _____
---	------------------------------

19.	P2N Approval
	Granted Not Granted

	Place, Date Signature (P2N General Director)

20.	Dispatch Notification	
	Biomaterial Dispatched <input type="checkbox"/>	Fetched by: Shipping Date: ____ / ____ / ____ Tracking ID:

	Place, Date	
	Signature (Biobank Representative)	
	Data Dispatched <input type="checkbox"/>	Fetched by: Shipping Date: ____ / ____ / ____ Tracking ID:

	Place, Date	
	Signature (Biobank Representative)	

Notes