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| --- | --- | --- |
| **INFORMATION AND PREREQUISITES**  Approval from the Swedish Ethical Review Authority for the intended use of the materials is required before any samples or information is transferred from U-CAN to the applicant. Approval from the biobank custodian, the relevant U-CAN diagnosis group and sample collection controller is also required. Note that certain limitations to the right to transfer materials within and outside of Sweden apply according to the Biobanks in Medical Care Act (2002:297). The principal investigator agrees to cover the costs associated with provisioning of samples or information according to the current price lists. The application is processed according to the Public Access to Information and Secrecy Act (2009:400). Complete instructions for the application process are available at www.u-can.uu.se; www.uppsalabiobank.uu.se and [www.vll.se](http://www.vll.se). | *BIOBANK REFERENCE* | *Filled in by U-CAN* |
| *U-CAN REFERENCE* | *Filled in by U-CAN* |
| *DECISION DATE* |  |
| *U-CAN DECISION* |  |
| *COMMENTS/NOTES:* | |
| *U-CAN SIGNATURE:* |  |

1. **STUDY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDY TITLE** | | | |
| *Enter name of study* | | | |
|  |  |  |  |
| **PRINCIPAL INVESTIGATOR CONTACT DETAILS** | | **RESEARCH PRINCIPAL** | *Write or choose from list* |
| *Name of principal investigator* | | **DEPARTMENT** | *Write* |
| *E-mail* | | **ETHICAL PERMIT NR** | *Number* |
| *Phone number* | | **DIAGNOSTIC AREA** | *Write or choose from list* |

|  |  |  |  |
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| **RESEARCH PARTNERS** | **ROLE IN STUDY** | **RESEARCH PRINCIPAL** | **E-MAIL** |
| *Name* | *Write or choose from list* | *Write or choose from list* | *E-mail* |
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All partners must have been informed and agreed to collaborate on the proposed project under the terms and conditions specified in the 'U-CAN Terms of Use'.

1. **REQUESTED SAMPLES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SAMPLE TYPE** | **INDIVIDUALS** | **QUANTITY** | **COMMENTS** |  | **U-CAN SAMPLE RESTRICTIONS** | |
| *Write or choose* |  |  |  |  | per patient and sampling occasion | |
|  |  |  |  |  | Serum/plasma | 1 vial (ca 220 µl) |
|  |  |  |  |  | DNA (blood) | ≤ 1 µg |
|  |  |  |  |  | Frozen tissue | ≤ 6 (10µm sections) |
|  |  |  |  |  | FFPE/TMA | ≤ 5 (4µm sections) |
|  |  |  |  |  | Cores for TMA | 2 cores/block |

Restrictions apply on the sample amounts normally granted. See table. Requests for additional materials must be clearly motivated to be considered for approval.

1. **REQUESTED DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does your ethical permit allow for handling of personal identifiers (e.g. names/personal numbers)?** | | | | | | | | **Yes** | **No** |
| If not, then all data and samples will be pseudo-anonymized before delivery and the key-flie kept by the responsible biobank and/or by U-CAN. | | | | | | | |  |  |
|  | | | | | | | | | |
| Personal & clinical information | |  | Patient self-reported data | | | | | | |
|  | Personal number |  |  | Height and weight |  |  | Diabetes | | |
|  | Age/gender |  |  | Genetic/geographic origin |  |  | High blood pressure | | |
|  | Vital status, date of death |  |  | Socio-economics |  |  | High cholesterol | | |
|  | Diagnosis and date |  |  | Education level |  |  | Heart failure/angina | | |
|  | Grade/stage/TNM |  |  | Occupation past/present |  |  | Hypothyreosis | | |
|  | Biopsy date(s) |  |  | General health/capacity |  |  | Liver/gallbladder diseases | | |
|  | Operation date(s) |  |  | Alcohol consumption |  |  | Kidney diseases | | |
|  | Treatment(s) start-end |  |  | Smoking habits |  |  | Lung diseases | | |
|  | Treatment regimes |  |  | Previous cancer(s) |  |  | Inflammatory bowel diseases | | |
|  | Recurrent disease |  |  | Family history of cancer |  |  | Heart attack/ stroke | | |
|  | Other (specify below): |  |  | Menstruation history |  |  | Organ transplants | | |
|  |  |  |  | Female hormonal treatments |  |  | Previous operations | | |
|  |  |  |  | Pregnancies/births |  |  | Psychiatric illnesses | | |
|  |  |  |  | Cysts/endometriosis |  |  | Other chronic diseases | | |

U-CAN only provide data if the ethical permit explicitly grants permission and if it is clearly necessary to achieve the scope and aim of the study according to the project plan.

1. **SIGNATURE**

|  |  |
| --- | --- |
| I have carefully read, understood, and will adhere to the terms and conditions specified in the 'U-CAN Terms of Use'. I realize that failure to fulfil the terms of this contract may result in revoked permission to use U-CAN samples or data. | Place for PI’s digital signature after approval: |