# MATERIAL REQUEST FORM

|  |  |
| --- | --- |
| Date |  |
| Biobank to contact |  |

## Applicant information

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact information |  |
| Name of P.I. |  |
| Affiliated institution(s) |  |
| Project Title |  |

## Ethical committee approval

If your project was submitted to or approved by a Research Ethics Board (REB), please complete the table below.

| REB Institution / Site | Protocol No. | Start & End Dates, if approved  (Submission date, if submitted) |
| --- | --- | --- |
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|  |  |  |

## Requested material

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Material  (ex: plasma, tissue, TMA) | Specify demographics or subtypes you are looking for (e.g. age range, sex, ER+) | Quantity | Clinical Information needed for analysis (e.g. survival, TTP, PFS, response to treatment) |
|  |  |  |  |
|  |  |  |  |

Add more rows as needed.