HCB-IDIBAPS BIOBANK SAMPLE REQUEST FORM

IMP-039 rev 12 (15/02/2023)

Unless stated otherwise, all fields are compulsory. Please, consider to which area you are requesting the samples:

NEUROLOGICAL TISSUE BANK (section 4) – Postmortem neurological tissues
TUMOUR AND TISSUE BANK (section 5) – Biopsies from tumors and other pathologies
BIOLOGICAL FLUIDS BANK (section 6) – Liquid biopsies from different pathologies

1. APPLICANT INFORMATION

PRINCIPAL INVESTIGATOR (PI) (Main responsible of the project's grant)

Name & Surname	
Department/Unit	
Institution	
Postal address	
Telephone	
E-mail	

COLLABORATOR INVESTIGATOR (Co-PI) Please fill in this section if you are collaborating within a coordinate, collaborative or multicentric project despite not being the main PI.
In such case, please send us some official evidence (i.e., list of Co-IPs in the approved project).

Name & Surname	
Department/Unit	
Institution	
Postal address	
Telephone	
E-mail	

2. PROJECT INFORMATION

Please send along with the sample request, the approval of your project by your Ethics Committee.
In case that your Ethics Committee belongs to Hospital Clínic, the approval of the project and the approval of sample request may be processed simultaneously. It is essential to contact before the Biobank.

Does the research project approved by your Ethics Committee contemplate in its original version the use of human biological samples? And the realization of the experiments you request the samples for?

☐ Yes
☐ No

If negative, it is required that you present an amendment to your Ethics Committee and send us its approval.

PROJECT TITLE	
Funding Agency / Promoter	
Official project code	
PROJECT SUMMARY (approx. 500 words)	
PROJECT GOALS (approx. 100 words)	
EXPERIMENTS TO BE CARRIED OUT WITH THE REQUESTED SAMPLES (approx. 100 words)	

PROJECT BILLING DATA	
☐ **FUNDACIÓ CLÍNIC;** please state grant code:	
☐ **OTHER**; please state:	
Entity	
NIF/VAT number	
Postal address	
Contact person (if different from PI)	
Other information to add to the invoice	

3. PROJECT EXTENSION

NOTE: If you have previously requested samples to the Biobank for this specific project, we consider it as a PROJECT EXTENSION. **In this case, you are required to, in addition to the corresponding sample section (sections 4, 5, 6), provide the following information:**

REASON FOR THE PROJECT EXTENSION (approx. 100 words)
BRIEFLY DESCRIBE THE EXPERIMENTS TO BE PERFORMED WITH THE PROVIDED PROJECT EXTENSION (approx. 100 words)

4. NEUROLOGICAL TISSUE BANK (can be removed if not applicable)

SELECTION CRITERIA	
Post-mortem delay required (< hours)	
Other conditions (please specify, if required: severity, stage of pathology, age, gender, etc.)	

Select the type of neurodegenerative disease and number of cases that are of your interest:

☐ Alzheimer's disease	Nº cases
☐ Amyotrophic Lateral Sclerosis	Nº cases
☐ Corticobasal degeneration	Nº cases
☐ Creutzfeldt-Jakob disease	Nº cases
☐ Frontotemporal lobar degeneration (please specify subtype)	Nº cases
☐ Huntington disease	Nº cases
☐ Lewy Body disease (please specify subtype)	Nº cases
☐ Multisystemic atrophy	Nº cases
☐ Progressive supranuclear paralysis	Nº cases
☐ Other (please specify)	Nº cases

Select the type of samples that are of your interest:

☐ Fragment of frozen brain tissue		
☐ Histological sections from frozen brain tissue	Nº sections:	Thickness:

☐ Histological sections from cryopreserved brain tissue (fixed with 4%PFA 24h, and 30% sacarose 48h)	Nº sections:	Thickness:
☐ Histological sections from paraffin-embedded brain tissue samples	Nº sections:	Thickness:
☐ Fragment of brain tissue in 4% formaldehyde		
☐ Ventricular CSF (post-mortem)	Nº aliquots (600µl/aliquot):	
☐ Other (please specify):		

Select the areas that are of your interest:

☐ Orbitofrontal cortex	☐ Cerebellar hemisphere	☐ Pallidus globe
☐ Prefrontal cortex	☐ Dentate nucleus	☐ Thalamus
☐ Premotor cortex	☐ Midbrain	☐ Hypothalamus
☐ Supplementary motor area	☐ Substantia nigra	☐ Luys nucleus
☐ Motor cortex	☐ Locus coerelus	☐ Meynert nucleus
☐ Precuneus cortex	☐ Pons	☐ Hippocampus
☐ Anterior cingulate cortex	☐ Medulla oblongata	☐ Amygdala
☐ Posterior cingulate cortex	☐ Cervical spinal cord	☐ Olfactory bulb
☐ Temporal cortex	☐ Thoracic spinal cord	☐ Optic chiasm
☐ Parietal cortex	☐ Lumbar spinal cord	☐ Pituitary gland
☐ Occipital cortex	☐ Striatum	☐ Pineal gland
☐ Insula	☐ Caudate nucleus	☐ Other
☐ Cerebellar vermis	☐ Putamen nucleus	

5. TUMOUR AND TISSUE BANK (can be removed if not applicable)

SELECTION CRITERIA			
Tissue / Organ			
Pathology			
Nº cases			
Do you require normal tissue adjacent to the tumor from the same case?			
☐ Yes (compulsory)	☐ Yes (optional)	☐ No	☐ Not applicable
Clinical characteristics and/or other specifications to consider for sample selection:			
			☐ Not applicable
Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:			
			☐ Not applicable

Select the type of samples that are of your interest:

- For slides, we normally cut at 3-5uM as standard, please state if you need another thickness.
- For tubes, we have standardized a protocol depending on tissue and sample size, please let us know if you need a specific number of sections.

☐ Fresh tissue	Minimum size:
☐ Frozen tissue sections in slides	Nº slides/case:
☐ Frozen tissue sections in tubes	Nº tubes/case:
☐ Paraffin-embedded tissue sections in slides	Nº slides/case:
☐ Paraffin-embedded tissue sections in tubes	Nº tubes/case:
☐ Sections of TMA (Tissue Microarrays)	Design agreed with the Biobank's personnel according to project's needs and sample availability.
☐ Other (please specify):	

6. BIOLOGICAL FLUIDS BANK (can be removed if not applicable)

SELECTION CRITERIA	
Pathology	
Other conditions (please specify, if required: age, gender, etc.)	

Select the type of samples that are of your interest:

TYPE OF SAMPLES	NUMBER OF REQUESTED CASES	SAMPLE AMOUNT / CONCENTRATION NEEDED FOR EXPERIMENTS (only for DNA)	VOLUME OF SAMPLE ALIQUOTES (plasma, serum, etc.)
☐ DNA			
☐ Plasma			
☐ Serum			
☐ Other (please, specify):			

7. MATERIAL TRANSFER AGREEMENT (Only INTERNAL RESEARCHERS)

The use of the samples transferred hereinafter (the "MATERIAL") by the PI ("RECIPIENT") is regulated by the Spanish Law 14/2007 of Biomedical Research.
The recipient is committed to comply with the following obligations:

- To use the supplied MATERIAL exclusively for carrying out the presented project, which was previously evaluated by its relevant Ethics Committee. In the event of a substantial change in the development of the project that affects the use of the MATERIAL, the RECIPIENT must inform the BIOBANK, which will expressly decide on the authorization of the new use of the MATERIAL.
- To safeguard and ensure the traceability of the samples.
- Not to give the MATERIAL to other researchers and/or institutions who are not included in the initial PROJECT.
- To always guarantee the confidentiality of the samples and data. The commitment of confidentiality and limitation of use persists throughout the period in which the data are maintained, and this cannot be extended beyond that necessary to fulfill the research purposes indicated in the project and the obligations linked to it.
- The RECIPIENT, when dealing with coded data, undertakes not to attempt to re-identify the subject.
- To assume responsibility for the proper and safe handling of the MATERIAL under appropriate biosafety conditions and by trained personnel in the RECIPIENT's laboratory to ensure appropriate risk containment.
- To inform the BIOBANK and ensure access to the corresponding data, if during the research a finding relevant for the health of the donor or his/her relatives is obtained.
- To mention the origin of the MATERIAL in all communications and scientific publications resulting from the research using the samples and/or data, with the following formulations in conjunction:
  In Materials and Methods: "Samples and data from patients included in this study were provided by the HCB-IDIBAPS Biobank (B.0000575), integrated in the Platform ISCIII Biobanks and Biomodels and they were processed following standard operating procedures with the appropriate approval of the Ethics and Scientific Committees".
  In Acknowledgements: "We are indebted to the HCB-IDIBAPS Biobank for sample and data procurement."
- To send a report of all published communications and scientific articles to the BIOBANK once the results derived from the use of the samples and/or data have been published, and to make any raw data of interest derived from the analyses of the MATERIAL available to future researchers who request the same samples.
- Upon completion of the project or termination of the contract, the RECIPIENT must DESTROY surplus samples used for said purpose as directed by said institution or RETURN them to the BIOBANK.
- To cover the expenses incurred by the BIOBANK according to a previously accepted budget, as well as shipping costs, if any, within 30 days after issuance of the invoice.

- To contract a shipping company that ensures proper transport of the MATERIAL and complies with quality standards. The BIOBANK does not assume responsibility for any damage that may occur during transport.

☐ **By selecting this box, the applicant agrees to comply with all regulations for use of the samples provided. This section is only for applicants within FUNDACIÓ DE RECERCA CLÍNIC BARCELONA-INSTITUT D'INVESTIGACIONS BIOMÈDIQUES AUGUST PI I SUNYER.**

8. DATA FOR THE SHIPMENT OF SAMPLES

☐ **I confirm that the researcher and institution stated below are mentioned in the approved project.**

Name & Surname	
Department/Unit	
Institution	
Postal address	
Telephone	
E-mail	
Courier Account Number (if aplicable)	

9. REQUEST SIGNATURE

PRINCIPAL INVESTIGATOR (PI) of the PROJECT	**If applicable, COLLABORATOR INVESTIGATOR (CO-PI)**
Signed (Name and Surname): Date:	Signed (Name and Surname): Date: