

**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	
Sample destination 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	
Sample destination 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 the Biobank beforehand.

Does the research project approved by your Ethics Committee contemplate in its original version the use of human biological samples and associated data? 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.

<b>PROJECT TITLE</b>	
<b>Funding Agency / Promoter</b>	
<b>Official project code</b>	

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**PROJECT SUMMARY (approx. 500 words)**

**PROJECT GOALS (approx. 100 words)**

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EXPERIMENTS TO BE CARRIED OUT WITH THE REQUESTED SAMPLES (approx. 100 words)

PROJECT BILLING DATA	
<input type="checkbox"/> <b>FUNDACIÓ CLÍNIC</b> ; please state grant code:	
<input type="checkbox"/> <b>OTHER</b> ; 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 and associated data 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:

<input type="checkbox"/> Alzheimer's disease	Nº cases
<input type="checkbox"/> Amyotrophic Lateral Sclerosis	Nº cases
<input type="checkbox"/> Corticobasal degeneration	Nº cases
<input type="checkbox"/> Creutzfeldt-Jakob disease	Nº cases
<input type="checkbox"/> Frontotemporal lobar degeneration (please specify subtype)	Nº cases
<input type="checkbox"/> Huntington disease	Nº cases
<input type="checkbox"/> Lewy Body disease (please specify subtype)	Nº cases
<input type="checkbox"/> Multisystemic atrophy	Nº cases
<input type="checkbox"/> Progressive supranuclear paralysis	Nº cases
<input type="checkbox"/> Other (please specify)	Nº cases

Select the type of samples that are of your interest:

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

Select the areas that are of your interest:

<input type="checkbox"/> Orbitofrontal cortex	<input type="checkbox"/> Cerebellar hemisphere	<input type="checkbox"/> Pallidus globe
<input type="checkbox"/> Prefrontal cortex	<input type="checkbox"/> Dentate nucleus	<input type="checkbox"/> Thalamus
<input type="checkbox"/> Premotor cortex	<input type="checkbox"/> Midbrain	<input type="checkbox"/> Hypothalamus
<input type="checkbox"/> Supplementary motor area	<input type="checkbox"/> Substantia nigra	<input type="checkbox"/> Luys nucleus
<input type="checkbox"/> Motor cortex	<input type="checkbox"/> Locus coeruleus	<input type="checkbox"/> Meynert nucleus
<input type="checkbox"/> Precuneus cortex	<input type="checkbox"/> Pons	<input type="checkbox"/> Hippocampus
<input type="checkbox"/> Anterior cingulate cortex	<input type="checkbox"/> Medulla oblongata	<input type="checkbox"/> Amygdala
<input type="checkbox"/> Posterior cingulate cortex	<input type="checkbox"/> Cervical spinal cord	<input type="checkbox"/> Olfactory bulb
<input type="checkbox"/> Temporal cortex	<input type="checkbox"/> Thoracic spinal cord	<input type="checkbox"/> Optic chiasm
<input type="checkbox"/> Parietal cortex	<input type="checkbox"/> Lumbar spinal cord	<input type="checkbox"/> Pituitary gland
<input type="checkbox"/> Occipital cortex	<input type="checkbox"/> Striatum	<input type="checkbox"/> Pineal gland
<input type="checkbox"/> Insula	<input type="checkbox"/> Caudate nucleus	<input type="checkbox"/> Other
<input type="checkbox"/> Cerebellar vermis	<input type="checkbox"/> 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?			
<input type="checkbox"/> Yes (compulsory)	<input type="checkbox"/> Yes (optional)	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Clinical characteristics and/or other specifications to consider for sample selection:			
			<input type="checkbox"/> Not applicable
Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:			
			<input type="checkbox"/> Not applicable

**Select the type of samples that are of your interest:**

- For slides, we normally cut at 3-5µm 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.

<input type="checkbox"/> Fresh tissue	Minimum size:
<input type="checkbox"/> Processed tissue	Minimum size:
<input type="checkbox"/> Frozen tissue sections in slides	Nº slides/case:
<input type="checkbox"/> Frozen tissue sections in tubes	Nº tubes/case:
<input type="checkbox"/> Paraffin-embedded tissue sections in slides	Nº slides/case:
<input type="checkbox"/> Paraffin-embedded tissue sections in tubes	Nº tubes/case:
<input type="checkbox"/> Sections of TMA (Tissue Microarrays)	Design agreed with the Biobank's personnel according to project's needs and sample availability.
<input type="checkbox"/> 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.)
<input type="checkbox"/> DNA			
<input type="checkbox"/> Plasma			
<input type="checkbox"/> Serum			
<input type="checkbox"/> Other (please, specify):			
Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:			
			<input type="checkbox"/> Not applicable

## 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 MANAGEMENT ASSOCIATED TO THE REQUEST

### 8.1 DATA PROCUREMENT TO INTERNAL RESEARCH GROUPS – Promoters of the Biobank

*This section applies to Biobank sample and data procurement to **internal research groups at the Hospital Clínic de Barcelona** that are **promoters of the Biobank**. It is of utmost importance that the research group verifies that all the associated data and variables that are requested are already specified in the Data Management Plan of the approved study protocol.*

Commitment not to use the biological material and the data for any purpose other than the one initially indicated, except in the case that the personal data is to be reused for the purpose of health and biomedical

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research. In this case, an additional IC is requested for a specific purpose and to use the data for purposes related to the area in which the initial study is scientifically integrated (Art. 97 additional provision seventeen, 3/2018 of December 5, Protection of Personal Data and guarantee of digital rights), and also maintain the data confidentiality.

Data minimization commitment (the use of data will be appropriate, relevant, and limited)

## 8.2. SEARCH FOR ADDITIONAL DATA – Internal (no promoters of the Biobank) and External Research Groups

Will a search for additional data be necessary? YES  NO

Data search by the Biobank

The Biobank data management staff registers associated data on a routine basis. Nevertheless, some projects require a considerable extended amount of data that should be incorporated ad hoc upon demand.

<input type="checkbox"/> Biobank Data Manager (name):	<input type="checkbox"/> Biobank Documentalist (name):	<input type="checkbox"/> Not applicable
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Data search by the research group

In case the extended set of associated data search is performed by the research group, the research team should count on a professional not related to the research project aims, who will register the data and code each data set without providing tracking of the code to the research team itself.

Please complete the form below with the name of the professional from the clinical group who is in charge of the data search and provision to the research group.

Name:	Affiliation/Research team:	<input type="checkbox"/> Not applicable
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## 9. 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 applicable)	

## 10. REQUEST SIGNATURE

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