

**CRB**SUB - 371 av du Doyen  
Gaston Giraud  
34295 Montpellier**Biological Material Request  
(Human origin)****RB-9-DE-005**

Version : 3

Applicable le : 27-01-2025



Document to be filled by the applicant.

To be sent to the BRC contact person or to [crb-dri@chu-montpellier.fr](mailto:crb-dri@chu-montpellier.fr).

This request will be forwarded to the BRC's Scientific Council for approval.

***Each element of this request will be handled by the CHU in a strictly confidential manner.*****Request Date (JJ/MM/AAAA):****FRAME RESERVED TO CRB**

Date of receipt of the request by thematic :

Date of receipt of the request by CRB-DRI :

Biological material: ☐ from collection

Collection name :

AC number :

☐ from care residues requalified for research purposes*The Applicant is reminded that steps must be taken in order to be able to store, prepare and use the samples supplied by the Montpellier University Hospital as part of their research project.***APPLICANT**

Full name, Position:

Institution/laboratory:

Address:

Phone number:

Fax:

E-mail: @

**APPLICANT'S INSTITUTIONAL (ADMINISTRATION) CONTACT**

Full name, Position:

Institution/laboratory:

Address:

Phone number:

Fax:

E-mail: @

**CRB**

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### RESEARCH PROJECT (join Project description - Synopsis)

Acronym + Project title:

Is the project an externally promoted project for which the Montpellier University Hospital is an associate center? : ☐ yes ☐ no

Is the project an internal promotion project? ☐ yes ☐ no

Brief summary of the project for which the Biological Material will be used (20 lines max) :

Purpose of the research project :

Starting date:

Ending date:

Partnership / Research Collaboration with CHU: ☐ Yes (Please fill below) ☐ No

- Intellectual Property sharing: ☐ Yes ☐ No
- Sharing of results : ☐ Yes ☐ No
- Co-authorship in future publications: ☐ Yes ☐ No
- Other partnership elements:

### PROJECT DETAILS:

Date of the desired provision (JJ/MM/AAAA):

Pathology:

Inclusion / Exclusion criteria:

Number of patients:

Age of patients:

☐ Female

☐ Male

Patients ☐ major ☐ minor

☐ ill ☐ healthy

This project includes:

1) External analyses (other laboratories, subcontractors)? ☐ Yes ☐ No

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If "Yes" please specify the type of analyses, name and address of the company:

2) Genetic analyses on the material provided? ☐ Yes ☐ No

If "Yes" what type of genetic analyses are included?

\* Constitutive (i.e. analyses of the genetic characteristics of a person that were inherited or acquired at an early stage of prenatal development): ☐ Yes (*Please describe below*) ☐ No\* Somatic (i.e. research and analyses of the genetic characteristics whose inherited or transmissible character is of unknown first intention): ☐ Yes (*Please describe below*) ☐ No3) Material transfer outside from France? ☐ Yes ☐ No

If "Yes" an export application to the French Research Ministry is required; the period to obtain the authorization is of at least 3 months.

**Requested biological material description for the research :****TISSUES AND TUMORS**

<i>Nature of samples</i>	<i>Quantity by patient (number, volume, weight, etc.)</i>	<i>Characteristics</i>
<input type="checkbox"/> Silane coated slides		
<input type="checkbox"/> HE slides		
<input type="checkbox"/> Immuno slides		
<input type="checkbox"/> TMA slides		
<input type="checkbox"/> Coloured slides		
<input type="checkbox"/> Paraffin block		
<input type="checkbox"/> Block in TMA		
<input type="checkbox"/> Immunohistochemistry (specify)		
<input type="checkbox"/> Tissue array punches in buffer		
<input type="checkbox"/> Tissue fragments, frozen		
<input type="checkbox"/> Tissue fragments, fresh		
<input type="checkbox"/> Frozen sections (number, buffer):		<input type="checkbox"/> frozen or <input type="checkbox"/> fresh
Derived products: <input type="checkbox"/> DNA or <input type="checkbox"/> RNA		<input type="checkbox"/> frozen or <input type="checkbox"/> fresh
<input type="checkbox"/> Skin sampling		
<input type="checkbox"/> Amniotic membrane		
<input type="checkbox"/> Cornea		
<input type="checkbox"/> Blood placental		
<input type="checkbox"/> Skeletal muscle		
<input type="checkbox"/> Other		

**BIOLOGICAL FLUIDS**

<i>Nature of samples</i>	<i>Quantity by patient (number, volume, weight, etc.)</i>	<i>Characteristics</i>
<input type="checkbox"/> Plasma		<input type="checkbox"/> EDTA <input type="checkbox"/> heparinized <input type="checkbox"/> fluorinated
<input type="checkbox"/> Serum		

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<input type="checkbox"/> Total blood		
<input type="checkbox"/> Urine		
<input type="checkbox"/> LCSF		
<input type="checkbox"/> PBMC		
<input type="checkbox"/> Saliva		
<input type="checkbox"/> Stool		
Derived products: <input type="checkbox"/> DNA or <input type="checkbox"/> RNA		
<input type="checkbox"/> Other		
Details / Comments:		

**CELLS**

<i>Nature of samples</i>	<i>Quantity by patient (number, volume, weight, etc)</i>	<i>Characteristics</i>
<input type="checkbox"/> Cells		Specify :
<input type="checkbox"/> Bone Marrow of patients with multiple myeloma		
<input type="checkbox"/> Non-tumoral cells of bone marrow of patients with multiple myeloma		
<input type="checkbox"/> Other		
Details / Comments:		

**ASSOCIATED DATAS**

- ☐ None      ☐ Minimum « Data Set » (age, sex, withdrawal date)\*      ☐ Anapath anonymized report  
☐ Other:

**Please specify the justification for obtaining the associated data requested** as part of your research project (this justification is requested as part of the requirements of the CNIL and our DPO):

\* The contents of the minimum data set vary according to the type of sample.

**MATERIAL TRANSPORTATION**

- Equipment storage and use : ☐ on the premises  
☐ other premises (specify address and justification) :

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Conditions of transport: ☐ Room Temperature ☐ Dry ice ☐ IceDelivery: ☐ Hand delivered ☐ Carrier**FATE AT THE END OF THE PROJECT**☐ Full use of the material ☐ Return to BRC ☐ Destruction (with a full declaration sent to the BRC)**FINANCING MODALITIES (a quote will be sent to you with the contract)**

Customer Information:

- Name:
- Address:
- Address of bill if different:
- SIRET number :
- TVA number:
- Contact name:

Electronic bill (Chorus Pro) : ☐ Yes ☐ No**FINANCIAL ESTIMATE PROPOSED BY THE THEMATIC (to be discussed and validated by the SC)**☐ collaborative costs ☐ non collaborative costs

Description	Quantity	Unit price	Total
		Total	
		Amount of FG (12%)	
		Total excl.	
		20% TVA	
		Total incl. VAT	

**After approval by CS, the final quotation will be sent to you with the contract.**



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### APPLICANT COMMITMENT FOR EVERY PROGRAM

When signing this document, the applicant commits:

- To respect the legislation in force for the use of biological samples for scientific research in France and (Applicant country);
- To use the samples here above specified only for the scientific research described in my request;
- To give up on no account, for the benefit of a third party, samples for researches different from those which are described in my request;
- Not to use the obtained samples or their biological by-products in a for-profit purpose, this provision does not concern the use of data (results) obtained from the samples or their by-products;
- To inform the person in charge of the collection of the end of the research project;
- To recognize the scientific and/or technical contribution of the Biological Resources Center (BRC) of the University Hospital of Montpellier (CHUM) in any publication showing results obtained through the use of the given samples: either by proposing co-authorship to the persons from the collection directly involved in the research and development collaboration, according to their degree of implication.  
or by quoting the scientific and/or technical contribution of the BRC CHUM collection in the "Materials and methods" section in the following way: "This work benefited from the facilities and the expertise of the BRC CHUM of the University Hospital of Montpellier ([www.chu-montpellier.fr](http://www.chu-montpellier.fr)) and its collection (*Name de collection*)."  
Or in the acknowledgements section according to the following references:  
CHU Montpellier, Centre de Ressources Biologiques du CHU de Montpellier, (CRB-CHUM),  
Collection *Name de collection*, F-34285 Montpellier, France
- To inform the BRC of the quality of the samples received and the associated data using the Satisfaction Survey that will be provided after the transfer;
- To destroy the remaining material at the end of research, with a statement of destruction sent to the person in charge of the collection.

### APPLICANT DATA MANAGEMENT

By completing the application form and all other CRB documents, the applicant has agreed to provide the Montpellier University Hospital with the personal data of the individuals concerned by this application. The applicant hereby authorizes Montpellier University Hospital to track and store all "partner" data (surname, first name, postal and telephone details, e-mails, etc.) in its database/software, as well as in all documents used by the BRC to manage requests and contracts, for the duration of the contract retention period, i.e. thirty (30) years. The data collected is for internal use only, and will not be communicated or passed on to third parties.

The applicant may exercise a right of access, a right of rectification, a right of deletion, a right of opposition, a right to limitation and a right to portability of all or part of this data or opposition by contacting the CRB by e-mail [crb-dri@chu-montpellier.fr](mailto:crb-dri@chu-montpellier.fr) and/or the Data Protection Officer ([dpo@chu-montpellier.fr](mailto:dpo@chu-montpellier.fr)).

(Made in duplicate originals)

#### The Applicant

Full name:

Position:

Date:

Signature:

#### The Collection manager

Full name:

Position:

Date:

Signature:

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*If necessary, thank you for duplicating the signature pad so that all stakeholders on the part of the applicant are signatories*

### **COST REDISTRIBUTION DATA FOR BIOLOGICAL SAMPLES AND ASSOCIATED DATA (reserved for CRB)**

20% CRB share until December 31, 2024 and from January 1, 2025: 25%.

Redistribution of remaining share:

Share (en %)	Samples	Associated data
Biobankers		
Samplers		

Sampler name :

UIC research :

### **Notice and recommendations of the CRB Scientific Council (Reserved to CRB)**

☐ ACCEPTANCE

☐ AVIS OPINION with recommendations

☐ RESERVE

☐ UNFAVORABLE OPINION

☐ FOR INFORMATION

**President of the CRB Scientific Council or his representative**

Name:

Date:

Signature: