



CRB
SUB - 371 av du
Doyen Gaston
Giraud
34295 Montpellier

Biological Material Request (Human origin)

RB-9-DE-005

Version : 5

Applicable le : 30-07-2026



Demand for human biological resources

(excluding externally funded projects = provision of samples and associated data as part of a research project validated by a CPP and for which the CHU is an associated centre)

Please return this completed and signed form to your CRB contact and to the Research and Innovation Department at the email address crb-dri@chu-montpellier.fr

PART 1

USER INFORMATION

To be completed by the user

User Information

Surname, first name, position :

Establishment :

Status of the Establishment *(company, health establishment, foundation, etc.) :*

E-mail and telephone :

If your institution is under the supervision of a supervisory authority, please indicate the address of the latter :

Billing address if different :

Information about the research project

Title and acronym *(acronym if existing):*

Purpose (1 line):

Summary (max. 20 lines):

Duration *(please indicate the start date and the estimated end date):*

Place where the project will be carried out : ☐ at the school ☐ on another site *(please indicate the name and address)*

Are the samples sent abroad? ☐ Yes ☐ No



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Collaboration and valorization

- IP sharing (patents, etc.):** ☐ Yes ☐ No
- Sharing results:** ☐ Yes ☐ No
- Co-author CHU in the publications:** ☐ Yes ☐ No
- Other Recognition Modalities:** ☐ Yes ☐ not - *If so, please specify these terms and conditions*

PART 2 **INFORMATION ON BIOLOGICAL RESOURCES** *To be completed by the user*

Name of the collection (if applicable – to be completed with the CRB theme):

Samples requested

Pathology(ies) concerned:

Number of Desired Sample(s):

Gender: ☐ Male ☐ Feminine | **Patients :** ☐ major ☐ minor | **Age :**

Exclusion criteria:

Desired availability date :

Type of samples desired ☐ Fees ☐ frozen ☐ paraffin

Type of samples	Check	Quantity per patient	Matrix or Specific Condition	Volume/weight/number of cells per ampoule
Sang total	☐		☐ EDTA ☐ Heparinum ☐ ECS	
Plasma	☐			
Serum	☐			
DNA	☐			
RNA	☐			
Fabric	☐ Tumoraux ☐ Not Tumor		☐ Block ☐ TMA ☐ Blades * white * THE	



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			* Immuno * TMA * Colorful	
LCR	☐			
Urine	☐			
Pancreatic islets	☐			
Placental Blood Unit	☐			
Cell lines	☐		Specify the type of lines (iPCs, CTCs, etc.)	
Cells	☐		☐ blood in DMSO ☐ In contrast, DMSO ☐ non-tumor marrow ☐ Dry pellets	
Saliva	☐			
PBMC	☐			
Others to be specified:				

User analysis of genetic characteristics from samples: ☐ Yes ☐ No If yes: ☐ Somatic analysis
☐ Constitutional analysis

Is analysis carried out by subcontractors? ☐ Yes ☐ No

If yes, specify the type of analyses carried out and the name and address of the subcontractor:

Would you like the samples and associated data with: ☐ informed ☐ consent non-objection

Becoming Samples:

☐ Full use

☐ Destruction of the backorders by the user => *provide proof to the BRC*

☐ return of the balances to the CRB



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Related data requested

☐ No data

☐ Minimum data set (put a cross in the column in green for the data you want)

Age	
Gender	
Pathology (conclusion of the CR)	
Debit date	
Legal status	

☐ Dataset characterizing a BRC sample (put a cross in the column in green for the data you want)

Treatment	
Stage/severity of the pathology	
Pick-up time	
Date of analysis	
Temporalization of the sample	
Technique used	
PLC used	
Reagent used	
Method of analysis	
Results of the analysis (with unit)	
Nature of the sample	
Minimum volume / mass	
Refusal of duplicates	
Storage Temperature	
Storage Temperature TA	
Storage temperature +4°C	
Storage temperature -20°C	
Storage temperature -80°C	
Nitrogen Storage Temperature	
Freezing date	
Retention period	
Sample preparation carried out by:	
Freezing performed by:	



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For the transfer of pancreatic islets:

Identification number (HM ...)	
Gender (M/F)	
Age (y)	
BMI (kg/m ²)	
Pathology/therapy	
Donor Type (DBD/DCD)	
Cause of death	
Positive serologies	
Ongoing Sessions	
Additional notes:	
(Alcohol, smoking, treatments...)	
HbA1c	
Diabetes and type	
Duration of diabetes	
Blood Sugar Reduction Therapy	
Isolation date	
Timing of Isolation Initiation (Collagenase Injection)	
Time of Hot Ischemia (h)	
Time of cold ischemia (h)	
Start date and time of island culture	
Cultural medium	
Estimated viability (%) with FDA/PI	
Estimated Purity (%)	
Additional notes (visual appearance, GSIS index ratio, others...)	

☐ Other(s), specify (**PLEASE NOTE that the request for this data must be submitted to the Scientific and Ethical Committee**):

In accordance with the GDPR and the CNIL, please justify the request for associated data that the Montpellier University Hospital will provide you with as part of your project (this information is necessary for the establishment of the contract):



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Transportation Arrangements

Shipping Terms: ☐ Ambient ☐ Ice ☐ Carboglace

Delivery: ☐ Hand delivered ☐ Provider (name if known):

Compliance with MR004

*It governs the processing of personal data for the purposes of study, evaluation or research that does not involve the human person. More specifically, these are studies that do not meet the definition of research involving the human person, **in particular studies on the reuse of data**. The research must be in the public interest. The data controller undertakes to collect only the data that is strictly necessary and relevant to the objectives of the research*

Please let us know the information to display on our website:

Project Title:

Purpose of the project:

Project start date and estimated end date:

PART 3 **FINANCIAL ESTIMATE** *To be completed by the CRB thematic*

The financial estimate is provided for information purposes only. It does not constitute a contractual commitment and may be revised following discussions and the opinion of the Scientific Advisory Board. The final quotation will be issued by the Direction of Research and Innovation (DRI).

(Double-click inside the table to open the embedded Excel spreadsheet, which allows the calculations to be performed automatically.)

Description	Quantité	Prix unitaire	Total
			0
Total			0
Montant des FG (12%)			0
Total HT			0
TVA (20%)			0
Total TTC			0



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PART 4 **USER ENGAGEMENT**

By signing this form, the user agrees to comply with the regulations in force regarding the use of human biological samples and associated data, and to use the resources only within the framework of the project mentioned above. It also undertakes not to transfer/transfer to a third party the biological resources supplied.

The user undertakes to cite and thank the CRB in the publications. It undertakes to respect the terms of the transfer contract that will be signed between the 2 legal entities after the opinion of the Scientific Council. No transfer can be made before the contract comes into force.

The personal data collected is used only in the context of the management of the demand for biological resources and the associated contract. It is not shared or transferred to third parties. They are kept for thirty years (limit of the retention of contracts). You have the right to access, rectify, oppose, limit and delete by contacting the CRB (crb-dri@chu-montpellier.fr) or the DPO of the CHU (dpo@chu-montpellier.fr).

User's name, surname:

Date:

Signature :

PART 5 **TO BE FILLED IN ONLY BY THE MONTPELLIER UNIVERSITY HOSPITAL**

	Date	Reviews	Surname, first name, signature
Opinion of the theme manager or DRI before submission to the Scientific Advisory Board			
Opinion of the collection manager (yes, applicable)			