Document to be filled by the applicant.

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

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| ***FRAME RESERVED TO CRB*** |
| Date of receipt of the request:  CRB thematic manager:  CRB - CHU de Montpellier  Thematic / collection:  Address:  Phone number: E-mail: @  If collection, please complete:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name of collection** | **Responsible (name and surname)** | **Phone number** | **E-mail** | **DC Number** | **AC Number** | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| ***APPLICANT*** |
| Full name, Position:  Institution/laboratory:  Address:  Phone number: Fax:  E-mail: @ |

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| ***APPLICANT’S INSTITUTIONAL (ADMINISTRATION) CONTACT*** |
| Full name, Position:  Institution/laboratory:  Address:  Phone number: Fax:  E-mail: @ |

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| ***RESEARCH PROJECT (join Project description - Synopsis)*** |
| Acronym + Project title:  Starting date: Ending date:  Project coordinator:  Address:  Phone: Fax :  Mail: @  Partnership / Research Collaboration with CHU:  Type of partnership: ❒ Institutional ❒ Academic ❒ Private company  Type of project: ❒ Non-collaborative ❒ Collaborative |

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| ***PROJECT DETAILS:*** |
| Date of the desired provision (JJ/MM/AAAA):  Pathology:  Inclusion / Exclusion criteria:  Number of patients: Age of patients: ❒ Female ❒ Male  Specify if external analyses (other laboratories) must be done: |
| ***Requested biological material description for the research :*** |
| **TISSUES AND TUMORS**   |  |  |  | | --- | --- | --- | | ***Nature of samples*** | ***Quantity by patient (number, volume, weight, etc.)*** | ***Characteristics*** | | ❒ Silane coated slides |  |  | | ❒ HE slides |  |  | | ❒ Immuno slides |  |  | | ❒ TMA slides |  |  | | ❒ Coloured slides |  |  | | ❒ Paraffin block |  |  | | ❒ Block in TMA |  |  | | ❒ Immunohistochemistry (specify) |  |  | | ❒ Tissue array punches in buffer |  |  | | ❒ Tissue fragments, frozen |  |  | | ❒ Tissue fragments, fresh |  |  | | ❒ Frozen sections (number, buffer): |  | ❒ frozen or ❒ fresh | | Derived products:❒ DNA or ❒ RNA |  | ❒ frozen or ❒ fresh | | ❒ Skin sampling |  |  | | ❒ Amniotic membrane |  |  | | ❒ Cornea |  |  | | ❒ Blood placental |  |  | | ❒ Skeletal muscle |  |  | | ❒ Other |  |  | |
| **BIOLOGICAL FLUIDS**   |  |  |  | | --- | --- | --- | | ***Nature of samples*** | ***Quantity by patient (number, volume, weight, etc…)*** | ***Characteristics*** | | ❒ Plasma |  | ❒ EDTA ❒ heparinized ❒ fluorinated | | ❒ Serum |  |  | | ❒ Total blood |  |  | | ❒ Urine |  |  | | ❒ LCSF |  |  | | ❒ PBMC |  |  | | ❒ Saliva |  |  | | ❒ Stool |  |  | | Derived products:❒ DNA or ❒ RNA |  |  | | ❒ Other |  |  | | Details / Comments: | | | |
| **CELLS**   |  |  |  | | --- | --- | --- | | ***Nature of samples*** | ***Quantity by patient (number, volume, weight, etc…)*** | ***Characteristics*** | | ❒ Cells |  | Specify : | | ❒ Bone Marrow of patients with multiple myeloma |  |  | | ❒ Non-tumoral cells of bonne marrow of patients with multiple myeloma |  |  | | ❒ Other |  |  | | Details / Comments: | | | |

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| ***ASSOCIATED DATAS*** |
| ❒ None ❒ Minimum « Data Set » (age, sex, pathology) ❒ Anapath anonimized report  ❒ Other: |

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| ***TRANSPORTATION OF MATERIALS*** |
| Transportation:  Conditions of transport: ❒ Room Temperature ❒ Dry ice ❒ Ice  Details: Safety rules to apply for infectious agents  Location and conditions of storage and use:  Delivrey : ❒ Hand delivred ❒ Carrier |

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| ***FATE AT THE END OF THE PROJECT at the end of the project*** |
| ❒ Full use of the material ❒ Return to CRB ❒ Destruction (with a full declaration sent to the BRC) |

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| ***FINANCIALS MODALITY (a quote will be sent to you with the contract)*** |
| Is there a budget for this request? ❒ Yes ❒ No  Planned amount:  Customer Information:   * Name * Address * Address of bill if different: * TVA number * Contact name   Electronic bill (Chorus Pro) : ❒ Yes ❒ No |

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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 works 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 it’s 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.

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| ***APPLICANT DATA MANAGEMENT*** |

By filling this document and any other CRB document, the applicant consents the CRB to use its personal data.

The applicant authorizes the CHU to trace and keep, within the limit of the duration of the contracts, all the data known as "partner" (name, first name, company, postal and telephone details, emails, etc.) in its database/software as well as all documents used by the CRB for the management of the requests and contracts.

The data collected are for internal use only. They will neither be communicated nor transferred to third parties. The applicant can exercise its right to correction or opposition by contacting the CRB by e-mail: [crb-dri@chu-montpellier.fr](mailto:crb-dri@chu-montpellier.fr).

(Made in duplicate originals)

**The Collection manager**

Full name:

Position:

Date:

Signature:

**The Applicant**

Full name:

Position:

Date:

Signature:

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

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| ***Associated data (reserved to CRB)*** |
| Request of associated data from the data warehouse e-Match  ❒ Yes ❒ No  If yes, fill in the dictionary of variables  Context of the request:  Deadline : |

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| ***Cost redistribution of EB and associate data (reserved to CRB)*** |
| Thank you to the CRB team partner of this contract for attaching to this document the RB-9-DE-003 form for the redistribution of the costs of biological resources. |

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| ***Notice and recommendations of the CRB Scientific Council***  ***(Reserved to CRB)*** |
| ❒ *Acceptance*  ❒ *Refusal*  ❒ *Further information request*:  **President of the CRB Scientific Council or his representative**  Name:  Date:  Signature: |