



Biological Material Request (Human origin)

RB-9-DE-005

Version : 2

Applicable le : 14-07-2023



Document to be filled by the applicant.

To be sent to the BRC contact person or to 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):

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

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: @



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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: Yes (Please fill below) No

Co-authorship in future publications: Yes No

Intellectual Property sharing: 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

This project includes:

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

If "Yes" please specify de 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) No

.....

3) 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

Nature of samples	Quantity by patient (number, volume, weight, etc.)	Characteristics
<input type="checkbox"/> Silane coated slides		
<input type="checkbox"/> HE slides		



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<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		
<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		



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Details / Comments:

ASSOCIATED DATAS

- None Minimum « Data Set » (age, sex, pathology) Anapath anonymized report
 Other:

MATERIAL TRANSPORTATION

Transportation:

Conditions of transport: Room Temperature Dry ice Ice

Details: Safety rules to apply for infectious agents

Location and conditions of storage and use:

Delivery: 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)

Is there a budget for this request? Yes No

Planned amount:

Customer Information:

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

Electronic bill (Chorus Pro) : Yes No

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;



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- 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) 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.

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.

(Made in duplicate originals)

The Applicant

Full name:
Position:
Date:
Signature:

The Collection manager

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 :

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.

***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: