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.

***All items of this request will be handled by the CHU in a strictly confidential manner.***

**Request Date (JJ/MM/AAAA):**

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| ***BOX TO BE FILLED IN BY THE BRC*** |
| Date of receipt of the request:  BRC Collection manager: RAVEL Christophe  BRC - CHU de Montpellier  Theme / collection: Leishmania  Address: Laboratoire de Parasitologie-Mycologie, 39 Av. Charles Flahault, 34090 Montpellier  Phone number : +33 (0)4 67 33 23 50 E-mail : [cnr-leishmania@chu-montpellier.fr](mailto:cnr-leishmania@chu-montpellier.fr) |

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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)*** |
| Project title:  Starting date: Ending date:  Project coordinator (if different from above):  Address:  Phone: Fax:  Mail: @  Partnership / Research Collaboration with CHU:  Type of partnership: ❒ Institutional ❒ Academic ❒ Private company  Type of project: ❒ Non-collaborative ❒ Collaborative |
| ***PROJECT DETAILS:*** |
| Date of delivery wished by the applicant (JJ/MM/AAAA): |
| ***Requested biological material description for the research :*** |
| |  |  |  | | --- | --- | --- | | ***Type*** | ***Quantity*** | ***Designation and features if need be*** | | ❒ Leishmania strain(s) |  | (disease, country and/or date of isolation, species and strain codes …) | |

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| ***Specific associated data and analysis requested for the project:*** |
| ❒ Disease (VL, CL, MCL):  ❒ Host:  ❒ Country/Region:  ❒ Year/period of isolation:  ❒ Zymodeme:  ❒ WHO reference strain or not:  ❒ Other code names of the strain(s):  ❒ Animal virulence  ❒ Low number of passages  ❒ Other: |

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| ***SHIPPING OF MATERIALS*** |
| Shipping by ❒ Carrier:  Shipping conditions: ❒ Room Temperature ❒ Dry ice ❒ Ice  Details: Safety rules to apply for infectious agents  Location and conditions of storage and use of the strains: |

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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 for billing:   * Name * Address * Address for billing if different: * VAT 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 Leishmania collection (BRC-Leish) of the BRC CHUM of the University Hospital of Montpellier (www.chu-montpellier.fr)."

Or in the acknowledgements section according to the following references:

CHU Montpellier, Centre de Ressources Biologiques du CHU de Montpellier, (CRB-CHUM),

Collection Leishmania, 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: RAVEL Christophe

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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| ***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 BRC Scientific Council***  ***(cadre réservé au CRB)*** |
| ❒ *Acceptance*  ❒ *Refusal*  ❒ *Further information request*:  **President of the BRC Scientific Council or his representative**  Name:  Date:  Signature: |