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| **Auckland Regional Biobank****Application for Sample Withdrawal Form** |

Before completing this form please contact the Auckland Regional Biobank to confirm samples are available. Ph: (09) 923 4583, Email: tissuebank@auckland.ac.nz

**1. INVESTIGATOR INFORMATION**

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| **Investigator Name** (include title)**:** |  |
| Current Position or appointment: |  |
| Institution and Department: |  |
| E-mail: |  |

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| **Co-Investigator Details** |
| Name: |  |
| Current Position or appointment: |  |
| Institution and Department: |  |

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| **Co-Investigator Details** |
| Name: |  |
| Current Position or appointment: |  |
| Institution and Department: |  |

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| **Investigator Experience.** *Please insert a brief paragraph which explains your research and professional experience/interests.*  |

**2. TISSUE SAMPLE REQUEST**

Describe the samples you are requesting from the ARB. Add more boxes if necessary.

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| **Sample Request 1** |
| WHO Classification:<http://apps.who.int/classifications/icd10/browse/2016/en>  |  |
| Tissue Source (normal, tumour, organ type etc.): |  |
| Sample type (Buffy Coat, Bone Marrow, Frozen tissue, Serum etc.): |  |
| Volume (mL, cm3 etc.): |  |
| Quantity of samples: |  |
| Please provide sample number calculations to justify the request (if applicable): |  |
| Do you require associated clinical data for each sample (additional cost may apply)? | [ ] YES (Please provide details below)[ ] NO |
| If Yes to the above question, can associated clinical data be receipted anonymised? | [ ] YES [ ] NO (Please provide details below) |

**3. PROJECT INFORMATION**

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| **Project details** |
| Title of the project: |  |
| Project start date: |  |
| Project end date: |  |
| Location where the project will be undertaken: |  |
| **Approvals**  |
| Do you have Ethics committee approval to undertake this project? | [ ] YES (please attach Ethics Committee approval letter) |
| Is this project funded? | [ ] NO ☐YES  |
| If it is unfunded, has the project been peer reviewed? | [ ] NO ☐YES (please name reviewer): |
| **Funding status of the project.** *Please provide details of any secured or pending funding for this project below. Please attach approval letter(s) for secured funding/grants(s) for this project.*  |
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| **Project description.** *Please provide a brief description or protocol for the project that will be undertaken. Include background, rationale, and methods (no more than one page).* |
| **BACKGROUND AND RATIONALE FOR THE STUDY****METHODS TO BE USED ON THE REQUESTED ARTB SAMPLES** |
| **Relevance to Māori.** *Please detail the relevance of your research to Māori and consultation that has occurred.* |
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**4. SAMPLE LOGISTICS**

The Auckland Regional Biobank on occasion receives samples from other tissue banks. To ensure you are not issued duplicate samples we request that you disclose requests to other tissue banks for this project.

Have you applied or will you be applying for samples from any other Tissue Bank/s for this project?

 [ ] YES - Please provide details below.

[ ] NO

|  |  |
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| Tissue Bank name:Samples requested: |  |

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| **Sample delivery information** |
| Name of contact: |  |
| Person for delivery: |  |
| Contact person phone number: |  |
| Days of week and hours of operation available for courier delivery: |  |
| Exact delivery address to be used by courier: |  |
| Would you like the Auckland Regional Biobank to arrange sample delivery on your behalf? | [ ] YES – A courier will be organised and paid for on your behalf, you will be invoiced for this on a cost recovery basis.[ ] NO – You will organise a courier to collect samples from the Auckland Regional Tissue Bank at a day & time specified by the tissue bank staff.[ ] NOT Required – I will collect the samples in person, to be arranged with tissue bank staff. |

**5. CONDITIONS OF USE OF BIOBANK SAMPLES**

*Please read the following information and complete section 6.*

Samples from the Auckland Regional Biobank are provided with the intention of supporting ethically approved medical research. The samples must be used in the manner described in this application. Any change in the project direction must be communicated in writing to the Auckland Regional Biobank Scientific Advisory Committee (tissuebank@auckland.ac.nz) which reserves the right to withdraw support. Samples must not be given or sold to other investigators.

If the Auckland Regional Biobank samples provided to researchers are de-identified. No attempts should be made by the investigator to identify the patient or to determine other patient information. If additional information is required, it should be requested through the tissue bank manager (tissuebank@auckland.ac.nz) who will forward the request to the Scientific Advisory Committee if necessary. Clinical data can be retrieved/provided when pertinent to the interpretation of research. There may be a fee associated with accessing and providing this data.

The tissue provided is as far as possible representative of the entity requested. However, diagnostic verification has not been undertaken in all cases. The Auckland Regional Biobank and its sponsors accept no responsibility for the inadvertent provision of incorrect tissue. In addition, while every effort is made to provide high quality material, sample transport prior to storage is an uncontrolled variable which may interfere with sample quality. Although every attempt is made to preserve the quality of the samples, the Biobank cannot guarantee that high quality nucleic acids will be obtained from samples.

While samples are not stored from patients with known HIV, Hepatitis B or C, the screening of patients for the presence of such pathogens is not routine. Standard precautions for the handling of human tissue and fluid should be used in all cases to prevent infection with any pathogens present. No responsibility will be taken by the Biobank for injury or illness that may occur to staff handling the samples.

There may be a cost recovery charge for the provision of specimens by the Biobank depending on funding arrangements. The costs of packaging and transport of the specimens will be borne by the individual requesting the samples.

The investigator(s) is required to provide a 12 month report which summarises the progress of the research and outlines the use and usefulness of the supplied samples, whether the study is ongoing and anticipated date of study completion. This is to be submitted by the end of December. You are not asked to reveal the results of the study in this report. At study completion, any remaining sample(s) should be returned to the Biobank for potential use by others or discarded if unviable quantities remain.

It is expected that the investigator will acknowledge the Auckland Regional Biobank in any publications or presentations resulting from the project. Failure to recognise the Biobank will render the individual and/or institution ineligible for future Biobank applications.

Copies of any publications arising from the use of Biobank samples should be forwarded to the Biobank Manager who will notify the Biobank Advisory groups.

**6. AGREEMENT FOR BIOBANK SAMPLE USE**

I, (***print name***) have read, understood, and agree with the ‘Conditions of Use of Biobank Samples’ (Section 6 above).

I additionally agree to the following:

1. That I will use the specimens provided to me by the Auckland Regional Biobank only in the manner detailed in my application for these specimens. I will not share, give or sell them to a third party or use them for any purpose not specified in the application without prior specific approval.
2. That I will not, in any way, attempt to identify the patients from whom these samples were obtained, nor will I attempt to gain any personal information regarding these patients other than that obtained through the Biobank unless specifically ethically approved to do so. Clinical information pertaining to these patients and pertinent for my research may be requested through the Auckland Regional Biobank Manager where the request will be forward to the Scientific Advisory Board. There may be a cost recovery fee for the retrieval of additional clinical data.
3. I realise that these samples have not been screened for potential pathogens and therefore may result in severe illness or even death if not handled properly. The responsibility for the correct handling of the samples lies solely in my hands and is not the responsibility of the Biobank. Any illness resulting from the mishandling of these samples is not the responsibility or liability of the Auckland Regional Biobank or its sponsors.
4. I will acknowledge the Auckland Regional Biobank in any publications or presentations resulting from work on the samples provided.
5. Wording of acknowledgment will be in the form of: ”We would like to acknowledge the Auckland Regional Biobank for the provision of bio specimens for this project. The Auckland Regional Biobank is supported by the Auckland Academic Health Alliance and its collaborative partners.”
6. I agree to provide brief update reports to the Auckland Regional Biobank Manager on a 12 monthly basis during my project that utilises samples from the Biobank.
7. I agree to be bound by a Material Transfer Agreement, specifying all conditions of tissue use, this will be supplied to me once the Scientific Advisory Board has reviewed my application.

**Signature of Investigator:** **Date:**

**Full Name (printed):**

1. I, the undersigned as Institutional, School, Department Head (or equivalent), have the authority to execute this agreement. This agreement specifically confirms that:

(i) I am aware of these research plans, I agree with this application being submitted and I agree to the research being undertaken by the applicant

(ii) To the best of my knowledge, the investigators possess the combination of resources and experience to undertake the project precisely as described in this application, including abiding by ethics committee requirements.

**Signature of Institution Head:**

**Full Name (printed):**

**Institution Name:**

**7. CHECKLIST**

[ ] Completed application form

[ ] Funding available to complete research

[ ] Approval letter(s) for secured funding/grant(s) attached

[ ] Ethics Committee approval letter attached

[ ] Section 6 Agreement for Biobank sample use completed and signed

**8. HOW TO SUBMIT THE APPLICATION FORM**

**Email a scanned copy of the signed application form to:**

Biobank Manager

Auckland Regional Biobank

tissuebank@auckland.ac.nz

Please type in subject line ‘Biobank Researcher Application for review’