

## APPLICATION FORM

BIOBANK REFERENCE #

Filled in by U-CAN

U-CAN REFERENCE #

Filled in by U-CAN

### INFORMATION & PREREQUISITES

Approval from the regional Ethical Review Board for the intended use of the materials is required before any samples or information is transferred from U-CAN to the applicant. Approval from the biobank custodian and sample collection responsible person is also required. Note that certain limitations to the right to transfer materials within and outside of Sweden apply according to the Biobanks in Medical Care Act (2002:297). The principal investigator agrees to cover the costs associated with provisioning of samples or information according to the current price list. The application is processed according to the Public Access to Information and Secrecy Act (2009:400). Complete instructions for the application process are available at [www.u-can.uu.se](http://www.u-can.uu.se) ; [www.uppsalabiobank.uu.se](http://www.uppsalabiobank.uu.se) and [www.vll.se](http://www.vll.se)

### STUDY TITLE

### PRINCIPAL INVESTIGATOR

RESEARCH PRINCIPAL (University, Company, County council)

### ETHICAL PERMIT #

### U-CAN DIAGNOSIS

### CONTACT DETAILS

### RESEARCH PARTNERS

### ROLE IN STUDY

### RESEARCH PRINCIPAL

### EMAIL

RESEARCH PARTNERS	ROLE IN STUDY	RESEARCH PRINCIPAL	EMAIL

Above mentioned partners have been informed and have agreed to collaborate on the proposed project under the terms and conditions specified in the 'U-CAN Terms of Use'.

### SAMPLE INFORMATION

Requested samples	Quantity	No. of patients	Comments, other info

Restrictions apply on the sample amounts normally granted by U-CAN. Requests for additional materials must be clearly motivated to be considered for approval.

### U-CAN SAMPLE RESTRICTIONS

per patient and sampling occasion  
 Serum/plasma: 1 vial (ca 220 µl)  
 DNA from blood: ≤1 µg  
 Frozen tissue: ≤6 (10 µm sections)  
 FFPE/TMA blocks: ≤5 (4 µm sections)  
 TMA-construction: 2 cores/block

I have carefully read, understood, and will adhere to the terms and conditions specified in the 'U-CAN Terms of Use'.  
 I realize that failure to fulfil the terms of this contract may result in revoked permission to use U-CAN samples or data.

### SIGNATURE OF PRINCIPAL INVESTIGATOR

### DATE

### NAME IN PRINT

### CITY

### DIAGNOSIS GROUP DECISION:

 Approval  Rejection

### PROGRAM BOARD DECISION:

 Approval  Rejection

### U-CAN REPRESENTATIVE'S SIGNATURE

Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_