

THE APPLICANT FILLS IN POINTS 1–6

1. General information

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| Date of inquiry: |
| Full name of the research project: |

2. Applicant information

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| Applicant (person in charge of the research project): |
| Contact information (e-mail, telephone and address): |
| Institution in charge of the project: |
| Contact information (address): |

3. Brief description of the research project (200-300 words)

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| A short description of aims of the study and study design: |
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4. Cohort formation criteria (please fill only if criteria is applicable)

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| Age range of donors, if applicable: |
| Sex of donors: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> irrelevant |
| Is re-contacting of blood donors needed?: <input type="checkbox"/> no <input type="checkbox"/> yes If you answered yes, please specify: |
| Are there any other inclusion or exclusion criteria that should be considered? <input type="checkbox"/> no <input type="checkbox"/> yes: <input type="checkbox"/> smoking <input type="checkbox"/> blood group <input type="checkbox"/> height <input type="checkbox"/> weight <input type="checkbox"/> genotype <input type="checkbox"/> any another: |
| Other criteria: |

5. Samples and data specifications

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| The application concerns: <input type="checkbox"/> Retrospective samples <input type="checkbox"/> Prospective samples |
| Time range when samples are collected, if applicable: |
| Requested samples: <input type="checkbox"/> DNA <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Buffy coat <input type="checkbox"/> any other, please specify: |
| Requested data from biobank: <input type="checkbox"/> smoking <input type="checkbox"/> blood group <input type="checkbox"/> height <input type="checkbox"/> weight <input type="checkbox"/> genotype |
| Are there any health related data from other registers outside of Blood Service Biobank needed to execute the research project? <input type="checkbox"/> no <input type="checkbox"/> yes If you answered yes, please specify: |
| Minimum cohort size: |

6. Do you already have an ethical permission for the study?

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| <input type="checkbox"/> no <input type="checkbox"/> yes |
| If you answered no, please specify: |

BLOOD SERVICE BIOBANK FILLS IN POINTS 7-8

7. Blood Service Biobank's statement of the availability of the samples inquired.

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| Blood Service Biobank has done an assessment of the samples inquired <input type="checkbox"/> Yes <input type="checkbox"/> No, motivation: (ex. more information is needed) |
| According to Blood Service Biobank's evaluation the Biobank has enough resources to deliver the inquired samples: <input type="checkbox"/> Yes, cohort size: <input type="checkbox"/> No, motivation: |
| Other notes concerning the samples and/or handling of the associated data (ex. restrictions, costs, timeframe): |

8. On behalf of Blood Service Biobank

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| Date of statement: |
| Name and title: |
| Signature: |