## Request form for access to samples and/or data

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| **BIG logo** | **REQUEST FORM**  **Biological Samples and/or Data** | **\\mike.eortc.be\agavrila$\Desktop\EORTC_Logo_FullName_Slogan_Pos.png** |

Applicants are invited to submit additional documentation that may facilitate review of their proposal as supplementary appendices.

***This form and any accompanying documents must be submitted to:***

**mindactRP@eortc.be**

**PROJECT TITLE:**

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**PROPOSAL REQUEST DATE:**

**REQUESTOR NAME:**

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**INSTITUTION WHERE THE RESEARCH IS CONDUCTED:**

**WHAT IS THE MAIN SCOPE OF YOUR PROJECT (Meta-analysis, translational research, statistical or methodological research):**

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**CONTACT DETAILS (Scientific Leader):**

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| **NAME :** |  |
| **ADDRESS:** |  |
| **TEL:** |  |
| **E-MAIL:** |  |

**CONTACT DETAILS (Involved Team member(s)):**

|  |  |
| --- | --- |
| **NAME :** |  |
| **ADDRESS:** |  |
| **TEL:** |  |
| **E-MAIL:** |  |

**CONTACT DETAILS (Statistician):**

|  |  |
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| **NAME :** |  |
| **ADDRESS:** |  |
| **TEL:** |  |
| **E-MAIL:** |  |
| **CV:** | If not an EORTC statistician, please provide the CV |

**1 – PRELIMINARY INFORMATION**

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| **Does the proposal require the use of biological material from the MINDACT biobank?** |
| Yes  No |

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| if yes, please: |
| Specify the type of samples and insert the estimated quantity:  frozen tumour  blood  Serum  TMA  RNA |
| Explain explicitly why MINDACT samples are required for your research (as opposed to samples that were collected outside of a clinical trial) |

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| **Does the proposal imply re-contacting the patient? (e.g. ICF, questionnaire)** | |
| Yes  No | if yes, specify & justify reason for doing so: |

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| **Does the proposal require the use of the clinical data collected during the MINDACT trial?** | |
| Yes  No | If yes, list the variables requested:  Baseline/patient characteristics  Treatment data  Outcome data  Other (safety, QOL…)  If other, please specify: |
| **Does the proposal require the collection of additional clinical data?** | |
| Yes  No | If yes, please be informed that the patient will need to be re-consented.  If yes, please specify which type of molecular data: (gene expression, etc.)  Do you need those data from:  All patients  Selected patients |

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| **Does the proposal require the use of molecular data?** | |
| Yes  No | if yes, specify:  All genes  Selected genes  All patients  Selected patients |

**2 – PROJECT DESCRIPTION**

**RESEARCH QUESTION(S):**

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**ABSTRACT OF RESEARCH PLAN (including BACKGROUND, OBJECTIVES AND (IF APPLICABLE) EXPERIMENTAL TECHNIQUES TO BE APPLIED ON THE SAMPLES i.e. sequencing, IHC) max. 300 words**

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**SAMPLE SIZE AND PARTICIPATING SITES & COUNTRIES**

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**STATISTICAL METHODS AND ANALYSIS PLAN:**

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**PROPOSED TIMELINE (START AND COMPLETION DATES):**

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**3 – PRACTICAL IMPLEMENTATION**

**Please note that a financial contribution can be requested on a case by case.**

**PLAN FOR THE TRANSFER OF DATA** (Please fill in if applicable. By default, the trial data are transferred to you in the form of a SAS-readable set of files. However, if you are unable to read that format, please specify an alternative format you prefer (Excel, Text..). Specify here which variables you need. Indicate “all data” if you need the complete database. Please indicate the suggested date of the data transfer):

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**Note that a Data Transfer Agreement between the EORTC, BIG and the applicant’s institution is required. See Policy for Access to MINDACT Biological Materials and Data for more details.**

**PLAN FOR THE TRANSFER OF SAMPLES (if applicable):**

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**Note that a Material Transfer Agreement between the EORTC, BIG and the applicant’s institution is required. See Policy for Access to MINDACT Biological Materials and Data for more details.**

**HAVE you ALREADY OBTAINED THE Ethical Committee approval for this project? If yes, please attach all documents that were sent/required by your EC for the approval of this project as well the approval document itself**

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**BUDGET (also specify source(s) of funding and involvement of any participating third parties, i.e. company, collaborating group):**

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**EXPECTED PUBLICATIONS (also specify the preliminary titles and timeliness of first publication):**

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**AUTHORSHIP (for the EORTC, BIG and MINDACT representatives)**

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**PLANNED EXPLOITATION AND OWNERSHIP OF INTELLECTUAL PROPERTY RIGHTS OF RESEARCH RESULTS (if applicable)**

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**SUPPLEMENTAL APPENDICES (please list):**

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