



## Request of Biological Resources

### Information (applicant of Biological Resources)

Name : First name :

Function / unity :

Address :

Tel / Fax : E-mail :

Date of the request of material :

Date of expected provision :

### Description of the research project

Date of the the beginning of the project : Duration of the project :

Title of the project :

Description of the project, main and secondary objectives :

Approach/envisaged techniques :

Expected Results :

Partners/teams associated to the project :

### Reserved frame for Marie Lannelongue Hospital

Availability of Biological Resources :  Yes  No

Agreement of the person in charge of the collection (name/date) :

Favorable  Rejected request

If rejected request, motive for the refusal :

### Summary of passed material

Number of patients :

Number of dry tubes :

Number of samples in OCT :

Total number of samples (dry + OCT) :

### Transport of the material

Name of the carrier :

Date and time of the transport :

## Description of needs in biological resources : INCLUSION

Disease :

Patients (ages & sexes only) :

Biological Resources :

- Type :  Tumor  Control  Transplant
- Organe :
- Packaging : with or without Optimal Cutting Temperature compound (OCT) :
- Quantities :

Required associated data :  Yes  No

Other necessary information :

If necessary, enclose a list of required samples. Enclosed list yes / no

## Description of needs in biological resources : EXCLUSION

Diseases :

Patients (ages & sexes only) :

Biological Resources (details) :

## General conditions of provision

**The applicant makes a commitment in :**

Respecting the legislation in force for the use of the biological samples within the framework of scientific researches, not using the supplied biological material for purposes of research other than the intended ones.

Not giving up (selling) samples supplied by Marie Lannelongue Hospital, for the benefit of a third party in a purpose other than that of the continuation of the researches, such as exposed in the request.

Informing Marie Lannelongue Hospital about the quality of samples and about the service provided during the provision.

To respect, where necessary, the financial commitments taken with the Marie Lannelongue Hospital.

Mention the participation of Marie Lannelongue Hospital in any scientific publications ensuing from results obtained from the given biological material.

Sending to Marie Lannelongue Hospital an off-print of the publications resulting from the study.

Date and signature of the applicant at the provision of the material :

**Join the definitive list of supplied material**