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|  | ***Space reserved for ICAReB****Request n° :**SubmittedModified the :**Relevant protocols :* |

**Request form for human biological resources**

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| 1. **Person in charge of the project and partners**
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| 1. **Head of unit**
 | **First name/Last name :****Position :****Structure/Department :****Email :** |
| 1. **Scientific coordinator**
 | **First name/Last name :****Position :****Structure/Department :****Email :****Phone number :** |
| 1. **Technical manager (contact for the transfer of samples)**
 | **First name/Last name :****Position :****Structure/Department :****Email :****Phone number :** |
| 1. **Partner(s)**
 | **Inside Pasteur Institute : [ ]  Yes [ ]  No****First name/Last name :****Position :****Structure/Department :****Email :** |
| **Outside Pasteur Institute inside France : [ ]  Yes [ ]  No****First name/Last name :****Position :****Structure/Department :****Email :** |
| **Abroad : [ ]  Yes [ ]  No****First name/Last name :****Position :****Structure/Department :****Country :****Email :** |
| 1. **Research project description**
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| 1. **Name/acronym of the research project**
 |  |
| 1. **Research justification *(10-30 lines)***
 |  |
| 1. **Objective(s)**
 | **Primary :****Secondary/ies :** |
| 1. **Biological analysis that will be performed on the requested samples**
 | **Test’s name :****Potential patent to be considered : [ ]  Yes [ ]  No** |
| 1. **Evaluation criteria**
 | **Primary :****Secondary/ies :** |
| 1. **Scientific evaluation**
 | **The project has been presented at the Institut Pasteur open desk? : [ ]  Yes [ ]  No*****If yes :*****Date of the presentation :****The project has been previously scientifically evaluated? [ ]  Yes [ ]  No*****If yes :*****Name of the agency that evaluated the project :****Date of the positive advice :*****If no*, a scientific evaluation may be requested by ICAReB. Please indicate below : Firstname lastname, organims and email of at least two experts that could be sollicited for it :****Firstname lastname, organims and email of experts that should not be solicited due to conflict of interests or common publications in the last 5 years:****-****-** |
| 1. **Biological samples requested**
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| 1. **Groups & selection criteria**
 | **Groups** | **Number of subjects** | **Inclusion criteria *(example: age > 50 years)*** | **Non inclusion criteria *(example : antibiotherapy)*** |
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| 1. **Type & number of samples requested**
 | **Sample type :****Volume/Quantity and concentration :****Number of visits/subject :****Delay between two visits if >1 sample/subject****Storage mode : [ ]  Fresh [ ]  Frozen** |
| 1. **Biological analysis to be performed by ICAReB before the transfer of the samples**
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| 1. **Associated bioclinical data to be transmitted**
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| 1. **Starting and ending dates**
 | **Do the samples need to be transferred in a single shipment? [ ]  Yes [ ]  No****Desired date of the first shipment :****Desired date of the last shipment :** |
| 1. **Commitment of the applicant**
 |
| 1. **Budget**
 | **[ ]  Participating to the costs related to the recruitment of the participants, the production of the bio-resources and the shipping fees (as specified in a quote attached to the form).** |
| 1. **Ethical/**

**regulatory** | **[ ]  Respecting French and European laws regarding protection of personal data as specified in the reference methodology MR-001 form the Commission Nationale de l’Informatique et des Libertés (CNIL).** |
| 1. **Scientific**
 | **[ ]  Not using some of or all the biological resources requested for another project without warning ICAReB.****[ ]  Not transfering some of or all the biological resources requested to others teams without warning ICAReB.****[ ]  Mentioning in all cases that the biological ressources were delivered by ICAReB in the Material and methods section of all publications generated through the use of the requested biological resources.****[ ]  Mentioning ICAReB’s team members among the co-authors of all publications generated through the use of the requested biological resources only if the bioressources have been delivered in the context of a collaborative research project.****Date :****Signature of the entity head :** |

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| **Frame reserved to ICAReB** |
| **ICAReB is committed to :****[ ]  Respecting the confidentiality of the project and of the partners involved****[ ]  Respecting the stated deadlines when possible****Context of the request :****[ ]  Collaborative research project****[ ]  Service delivery****[ ]  Other****Acceptation of the request :****[ ]  Yes****[ ]  Conditional approval : the administrative procedures that has to be taken of are the followings****[ ]  Scientific evaluation [ ]  Yes [ ]  No****[ ]  Legal contrats to write [ ]  Yes [ ]  No****If yes, the types of the legal contracts to write are the following (MTA, MSA, etc…):****[ ]  Ethical/regulatory procedures [ ]  Yes [ ]  No****If yes, the type of the procedures to perform are the following (amendment, import/export authorization..) :****[ ]  No for the following justification :****Date :****Signature of ICAReB entity head :** |