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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** | | | | | |
| 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** | | | | | |
| 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** | | | | | |
| 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** |  | | | | |
| 1. **Associated bioclinical data to be transmitted** |  | | | | |
| 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 :** |