|  |  |  |
| --- | --- | --- |
| Name of applicant(s) | : |  |
| Email address | : |  |
| Date | : |  |
| Responsible PI | : |  |
|  |  |  |
| Discussed with the appropriate Clinical Director?   Yes, who?:   No | | |
|  |  |  |
| If applicable: |  |  |
| External collaborator(s) | : |  |
| Institute(s) | : |  |
|  |  |  |
| Requests can be sent to the scientific committee: **scicom@prinsesmaximacentrum.nl** | | |

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| **Title:** |
| **Project description (max. 1000 words, longer proposals will not be reviewed by the committee)** |
| **Do you require (sensitive) personal data? (i.e. data revealing: racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, a natural person's sex life, sexual orientation or data concerning health)**   Yes (reason should be clear from project description)   No |
| **Requested patient material (DNA, RNA, etc.) and/or data (sequence data, images, etc.), including the number of patients/samples.** |

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| **To be completed by committee** |
| Project ID: |
| Approval by: ‘Biobank & Data Access Committee’:   Yes   No |
| Date: |