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| --- | --- | --- |
| Name of applicant(s) | : |  |
| Email address(es) | : |  |
| Date | : |  |
| Responsible Máxima PI | : |  |
| If applicable: |  |  |
| External collaborator(s) | : |  |
| Institute(s) | : |  |
|  |  |  |
| 1. Shared with the appropriate Clinical Director (for example by emailing the completed form)?  Yes (who?) :  No (reason?) :  2. Is this related to a CRC study and if yes: under which study number is this registered?  3. Is this an amendment to a previous request and if yes: under which project ID was this registered?  Please use the original application form and highlight the changes. | | |
| This completed application form (Word version) can be sent to the scientific committee: **scicom@prinsesmaximacentrum.nl** | | |

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| **Title:** |
| **Project description (max. 500-1000 words, if applicable: preliminary results, etc.):** |
| **Do you require (sensitive) personal data? (i.e. data revealing racial or ethnic origin, 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 (blood, tissue, DNA, etc.) and/or data (sequence data, images, etc.).  Please specify the exact amount of the materials and/or data, the tumor type and the time period the materials and/or data were collected.** |
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| **To be completed by the Committee** |
| Project ID: |
| Approval by Biobank & Data Access Committee:  Yes  No  Other:  Date: |
| Additional information (to be filled in by the Committee): |