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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): |