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| Name of applicant(s) | : |  |
| Email address(es) | : |  |
| Date | : |  |
| Responsible Máxima PI | : |  |
| If applicable: |  |  |
| External collaborator(s) | : |  |
| Institute(s) | : |  |
| (*Please specify all collaborators per institute*) |  |  |
| 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.  4. In case of external collaborator(s):  Is the collaborator an  academic/non-commercial or  commercial party?  Material and/or data will be transferred to researchers within the European Economic Area.  Material and/or data will be transferred to researchers outside the European Economic Area,  please specify country(ies) (e.g. the UK):  Project is a collaboration between Máxima PI(s) and external researchers  (publication co-authorship with Máxima  yes/  no).  Project will only be executed by the external institutes  (publication co-authorship with Máxima  yes/  no).  Project will be executed by the external institutes upon request of the Máxima, results will provided to Máxima.  A study or other agreement (i.e. grant, collaboration) is already in place for this project.  Please specify: | | |
| This completed application form (Word version) can be sent to the scientific committee: **scicom@prinsesmaximacentrum.nl** | | |

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| **Title:** |
| **Project description (max. 1000 words, if applicable: preliminary results, etc.):** |
| **Requested data can only be released in pseudonymized form. Do you require (sensitive) personal data (i.e. genetic data, biometric data, or data concerning health)?  If YES, please specify reason:** |
| **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.**  **Will the material be used to produce organoids, PDX or immortal cell lines?  Yes  No** |
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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): |