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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): |