*Transfer request n°:*

* Enquirer’s contact details:

Name and function:

Address:

Phone number:       E-mail:

* Enquirer’s institution:
* Study title (*please attach an abstract of the research project)*:
* Is your study in collaboration with the collection manager?  Yes  No  To discuss
* Pathology of interest:
* Criteria and requirements (age, gender, freezing time ...):
* Number of patients:
* Number of samples:
* Type of biological material:

|  |  |  |
| --- | --- | --- |
| *Specimen type* | *Requested amount*  *(concentration, volume, weight, etc.)* | *Features*  *(sterility, conditioning, etc.)* |
| Blood product:  Serum  Plasma  Buffy Coat  PBMC |  |  |
| Cells  Cell type :  🡪 Conditioning :  cultivated  frozen |  | mycoplasma detecting test  myoblasts purification  other |
| Tissue:  malignant  paired malignant/normal  pathological  fœtal  normal |  | not frozen  frozen  fixed block  slide  other |
| CSF |  |  |
| DNA  RNA |  |  |
| Urine  Stools |  |  |
| Other: |  |  |
| Comments (eg couple of samples, sample references, ...): | | |

* Clinical information and data needed for study:
* Shipment and condition:  Biobank’s carrier  Enquirer’s carrier, company:

Dry ice packaging by biobank  Dry ice packaging by enquirer’s carrier

|  |
| --- |
| Date: |

|  |  |  |
| --- | --- | --- |
| Enquirer’s signature: |  | Collection manager’s signature: |

Enquirer’s commits to:

1/ use the biological material only for the research described above, in compliance with all applicable regulations, not use it in human subjects nor distribute the biological material to others without the HCL's written consent.

2/ aknowledge CRB HCL (n° BB-0033-00046) as the source of biological material in any publications reporting use of it and send these publications to : [hcl\_crb@chu-lyon.fr](mailto:hcl_crb@chu-lyon.fr)