**Newcastle MRB Initial Enquiry Form**

**Please complete and return form to** [**NMRBiobank@ncl.ac.uk**](mailto:NMRBiobank@ncl.ac.uk)

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| **APPLICANT DETAILS** | | | | | | | | |
| Name: |  | | | | | | | |
| Institution/Organisation: |  | | | | | | | |
| Email address: |  | | | | | | | |
| **PROJECT DETAILS** | | | | | | | | |
| Project Title |  | | | | | | | |
| Project Outline | *Please provide a lay summary of the proposed project (200 words)* | | | | | | | |
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| **INFORMATION REQUESTED** | | | | | | | | |
| Confirm whether request falls under generic ethics of Biobank | | YES/NO | Sample check | YES\*/NO | | Other | | YES\*/NO |
| Confirm whether project sits within remit of research interests of Biobank | | YES/NO | Data check | YES\*/NO | |  | | |
| *\*Please provide details below (e.g. sample type(s) and amount(s), clinical information required to accompany samples, any other enquiries regarding Newcastle MRB and project):* | | | | | | | | |
|  | | | | | | | | |
| **FOR NEWCASTLE MRB USE ONLY** | | | | | | | | |
| Date of receipt of enquiry | | |  | | | | | |
| Biobank sample/data check | | | YES/NO/NA | | Date | |  | |
| Feedback sent to applicant | | | YES/NO | | Date | |  | |
| *Feedback sent:* | | | | | | | | |