**Newcastle MRB Sample Request Form**

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

***Application ID (assigned by the Biobank Team):………………………………………………………………………………***

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL APPLICANT DETAILS** *(Applicants external to the WCMR must also attach a copy of their CV)* | | |
| Name | |  |
| Institution/Organisation | |  |
| Email address | |  |
| Telephone Number | |  |
| Postal address (*external applicants only*) | |  |
| **CO-APPLICANT(S) DETAILS**  *Please list all additional researchers associated with this application (e.g. Principal Investigator(s)/collaborator(s)).* | | |
| 1 | Name |  |
| Institution/Organisation |  |
| Email address |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| **PROJECT DETAILS** | |
| Project Title |  |
| Project Outline | *Please provide an outline of the proposed project (to include brief background, research question, description of study population (e.g., samples and data), and analytical methods).* |
|  | |
| Is this application related to a previous biobank application? | *If so, please provide the application number of the previous application.* |
|  | |
| Lay summary | *Please provide a brief lay summary of the proposed project (200 words). This must be a standalone summary of your proposed work\*.* |
|  | |
| Project Timeline | *Please provide approximate start and end dates or proposed duration* |
|  | |
| Newcastle MRB Aim | *How does the project contribute to the central aim of The Newcastle MRB, which is to support, underpin and drive research that will improve the prevention, diagnosis and treatment of mitochondrial diseases?* |
|  | |

\* Please note- All applications are reviewed by a lay person and lay summaries of projects approved by NMRB are included in Annual Progress Reports and should be written for a general audience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ETHICS** | | | | | |
| Does your project have its own REC approval? | | YES |  | NO |  |
| If **YES**, please provide | REC reference number |  | | | |
| REC approval date |  | | | |
| Newcastle Hospitals R&D number |  | | | |
| Date of Newcastle Hospitals C&C |  | | | |
| If **NO** | Will you be applying for your own REC? | YES |  | NO |  |
| Do you want to use the Biobank’s generic REC? | YES |  | NO |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMERCIAL PARTNERSHIP** | | | | |
| Does the project involve any commercial partners (i.e., Industry Sponsor, Funder or Host Institution)? | YES |  | NO |  |
| If **YES**, please give details of commercial partner |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ANIMAL RESEARCH** | | | | |
| Will samples be used in experiments using animal models? | YES |  | NO |  |

|  |  |
| --- | --- |
| **FUNDING** | |
| Please name the intended source(s) of project funding |  |

|  |  |  |
| --- | --- | --- |
| **MATERIAL REQUESTED** | | |
| **Material type\*** | **Biobank number**  ***(if known)*** | **Amount of material requested**  ***(weight/volume/number of sections)*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| \**If requesting skeletal muscle, please indicate muscle type and whether post-mortem, control or fresh patient tissue, or muscle from another provenance, is required. If requesting fresh patient muscle, please clarify below why post-mortem or control tissue would not be suitable.* | | |
|  | | |

|  |
| --- |
| **INITIAL ENQUIRY** |
| *Please provide Initial Enquiry response from Newcastle MRB regarding sample numbers and availability.* |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINICAL DATA** | | | | | | | | | | | | |
| Do you require access to linked anonymised data? | | | | | | | | YES |  | NO |  | |
| If **YES**, which information do you require? | | | Sex | | | | | YES |  | NO |  | |
| Genotype | | | | | YES |  | NO |  | |
| Phenotype | | | | | YES |  | NO |  | |
| Age at sample collection | | | | | YES |  | NO |  | |
| Heteroplasmy\* | | | | | YES |  | NO |  | |
| NMDAS† | | | | | YES |  | NO |  | |
| \*P*lease indicate below which heteroplasmy details are required (N.B.: if requesting clinical data not directly linked to the samples requested, approval will be required from the WCMR MitoCohort Oversight Committee – your request will be forwarded by the Newcastle MRB Administrative Team for consideration)* | | | | | | | | | | | | |
| Requested samples only | YES |  | | NO |  | All assessed tissues | | YES |  | NO |  |
| Muscle | YES |  | | NO |  | Blood | | YES |  | NO |  |
| Urine | YES |  | | NO |  | Buccal | | YES |  | NO |  |
| Most recent | YES |  | | NO |  | All available levels | | YES |  | NO |  |
| Date range (please specify) |  | | | | | | Date of sample | YES |  | NO |  | |
| Other (please specify) |  | | | | | | | | | | | |
| †*Please tick which NMDAS details are required (N.B.: NMDAS data can only be released with approval from the WCMR MitoCohort Oversight Committee. Your request will be forwarded by the Newcastle MRB Administrative Team for consideration)* | | | | | | | | | | | | |
| Most recent scores | YES |  | | NO |  | All available scores | | YES |  | NO |  |
| Age at assessment | YES |  | | NO |  | | Date of assessment | YES |  | NO |  | |
| Component scores | YES |  | | NO |  | | Scaled score | YES |  | NO |  | |
| Date range (please specify) |  | | | | | | | | | | | |
| Other (please specify) |  | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **AGREEMENT** | | | |
| I, as principal applicant, agree to abide by the standard conditions of access outlined in the Newcastle Mitochondrial Research Biobank Access Agreement. | | | |
| I understand additional project specific conditions may be imposed by Newcastle MRB. | | | |
| I agree that samples provided by the Newcastle MRB will only be used for the purposes specified in this application. | | | |
| I agree to acknowledge the contributions of the Newcastle MRB in all publications resulting from the use of these samples. | | | |
| I agree to pay any fees associated with the application. | | | |
| I understand that if a problem arises involving any misuse of the Newcastle MRB samples or data provided for my project, I, as the principal applicant, will be held responsible and that this might result in my being excluded from using the resource. | | | |
| Name |  | Date |  |
| Signature |  | | |

|  |  |
| --- | --- |
| **SUBMISSION CHECKLIST** | |
| Applicants’ CV | EXTERNAL APPLICANTS ONLY |
| Signed and complete application form | MANDATORY |
| Copy of REC approval | AS REQUIRED |
| Copy of REC application | AS REQUIRED |
| Funding confirmation letter | AS REQUIRED |