

Newcastle MRB Sample Request Form

Please complete form and submit to NMRBiobank@ncl.ac.uk.

Application ID (assigned by the Biobank Team):.....

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

PROJECT DETAILS	
Project Title	
Project Outline	<i>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).</i>
Is this application related to a previous biobank application?	<i>If so, please provide the application number of the previous application.</i>
Lay summary	<i>Please provide a brief lay summary of the proposed project (200 words). This must be a standalone summary of your proposed work*.</i>
Project Timeline	<i>Please provide approximate start and end dates or proposed duration</i>
Newcastle MRB Aim	<i>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?</i>

* 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 <i>(if known)</i>	Amount of material requested <i>(weight/volume/number of sections)</i>
<p><i>*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.</i></p>		

INITIAL ENQUIRY
<p><i>Please provide Initial Enquiry response from Newcastle MRB regarding sample numbers and availability.</i></p>

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		
*Please 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