# Q:\QUOD logo\Logo\QUOD Square - Blue.png

# PART B: Full application for access to the QUOD biobank

Thank you for your interest in the QUOD Biobank. This PART B form is a full application form for access to the samples. If you have any queries regarding any aspect of the application please contact the National Data Manager on quod-research@nds.ox.ac.uk. More information about sample types and collection time points is available on our website (www.quod.org.uk). Please send completed applications to quod-research@nds.ox.ac.uk.

## SECTION 1: INFORMATION ABOUT THE STUDY

### RESEARCH

|  |  |
| --- | --- |
| Project Title |  |
| Research objective/aims |  |

### APPLICANT

|  |  |
| --- | --- |
| Name of Applicant |  |
| Institution  |  |
| Phone |  |
| Email |  |

### PRINCIPAL INVESTIGATOR

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Last name |  |
| Position |  |
| Department |  |
| Institution  |  |
| Phone |  |
| Email |  |

### NAMES AND INSTITUTION OF ALL OTHER COLLABORATORS

Please list the names and contact information of all collaborators on the research project

|  |  |  |
| --- | --- | --- |
| Name | Institution and department | Email address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Q:\QUOD logo\Logo\QUOD Square - Blue.pngCONTACT FOR BIOSPECIMEN TRANSFER

Please provide the name and contact information for the person responsible for recipient of the bio-specimens

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Email address | Work phone |
|  |  |  |  |
| Other phone | Mobile |
|  |  |

Notification of dispatch of samples will be confirmed 24 hours prior to delivery.

Please indicate preferred method of notification (email, mobile, work phone, pager/bleep):

[Insert text]

### STUDY START AND COMPLETION DATE

Please list the estimated start and completion date of the project

|  |  |  |  |
| --- | --- | --- | --- |
| Start date |  | Completion date |  |

### PROJECT SUMMARY

Please outline in fewer than 100 words in language suitable for a lay reader a summary of the proposed project. This summary will be shared with the REC as part of the QUOD annual activity report and may be published on the QUOD website for the public. Please tick here if you do not wish for your lay summary to be published in the event access is granted ☐ and your reason for this:

[Insert text]

### PROJECT OUTLINE

Please outline in fewer than 500 words the background, aims and objectives of the project, main hypotheses, outcome measures and the proposed methods.

[Insert text]

### REFERENCES

Maximum 5 references

[Insert text]

## SECTION 2: FINANCIAL INFORMATION

Please indicate how this study will be funded (including costs associated with this biobank)

[Insert text]

### FINANCIAL COORDINATOR/CONTACT

Please provide the details of the department financial coordinator or contact

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Institution and department | Email address | Telephone |
|  |  |  |  |

## SECTION 3: SAMPLE REQUIREMENTS

Please read the Guidelines for Applicants for full details of which sample types are available.

Please indicate:

* How many distinct groups of donors will be in this study, e.g. two groups of donors?
* How many donors in each group, e.g. 10 donors in each group?
* On which criteria will donors be selected into the study group(s), e.g. 10 DBD and 10 DCD donors with no history of hypertension?
* Which sample types and quantities per donor are required, e.g. for each donor 1 blood aliquot of 0.5 ml collected as DB3 plasma EDTA sample?
* Any other comments.

[Insert text]

### DATA FIELDS REQUIRED

Please list any donor or recipient demographic, biological and outcome data required for the analysis of samples.

[Insert text]

### OTHER REQUIREMENTS

Please list any other requirements

[Insert text]

### ETHICS

Samples can only be released to projects with REC approval. Ethical approval may be applicable as part of the QUOD research tissue bank for the use of samples for projects concerning improving quality in organ donation. This will be subject to evaluation by the Steering Committee.

|  |  |  |  |
| --- | --- | --- | --- |
| Has your project received separate REC approval? | Yes/No/NA | If yes, REC approval number |  |

### WHAT HAPPENS NEXT

Your application is reviewed by the Steering Committee and a response provided within 60 working days of submission of the application.