|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A preencher pelo Biobanco do IMM** | | | |
| Referência do pedido: | | |  |
| Data de entrada do pedido: | | |  |
| Data de avaliação por parte da comissão científica: | | |  |
| Data de envio do pedido: | | |  |
|  | | | | |
| **Project title:** |  | | | |
| **Principal Investigador:** | Name: |  | | |
| Role: |  | | |
| Departament: |  | | |
| Institution: |  | | |
| Address: |  | | |
| Phone: |  | e-mail: | |
| **Funding (Project reference and source):** |  | | | |
|  | | | | |
| **Summary of project:**  *(300 words maximum)* |  | | | |
|  | | | | |
| **Specific objectives:**  *(1000 words maximum)* |  | | | |
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| **ETHICAL ISSUES** |  | **YES** | **NO** |
| **1-**Do you need clinical information of the donor | |  |  |
| COMMENT.- (max. 250 words)  If you have answered yes to question 1.-, please, explain for what purposes and which variables do you want.  **Toda a informação clínica associada.** | | | |
| **2.-** Does the study involve the international transfer of samples and/or associated data? | |  |  |
| COMMENT.- (max. 250 words)  If you have answered yes to question 2.-, please, explain for what purposes. | | | |
| **3.-** Do the study objectives foresee the development of knowledge or technology that may cause commercial profits in an immediate (5 years) future? | |  |  |
| COMMENT.- (max. 250 words)  If you have answered yes to question 3.-, please, explain which mechanisms are in place to ensure that the profit will benefit society? | | | |

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| **Samples:** | | Requirements: | |  |
| Number of samples | Sample Type:\_\_\_\_\_\_\_\_\_\_  Volume or amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |
|  | | | | |
| **Comments:** | | | | |
|  | | | | |
| **Attached documents:**  *(X)* | |  | Approval of Ethics committee (mandatory) | |
|  | Copy of the project | |
|  | Other | |

**\*Please return the questionnaire to calculate budget**

|  |  |
| --- | --- |
| **Filled by Biobanco-IMM** | |
| Budget Number: |  |
| Budget: |  |
| **Filled by User** | |
| Responsible by budget approval: |  |
| Signature: |  |
| Debit project\* |  |

\*In case of IMM researchers

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **The investigator is committed to:**  1 - Not to perform transfer of samples or data not planned in the project for which they were requested.  2 - Not to use samples for purposes other than those justified for their request. Destroy any remaining samples after completion of the project for which was granted to use and report any incident that may have interfered with the use of samples for the purposes and periods provided.  3 - Provide details of the parameters to be analyzed in all samples.  4 - Mention the origin of the samples in all studies published and send a copy to Biobanco-IMM.  5 - Ensure compliance with the ethical requirements associated with sample handling (namely, confidentiality) | | | |
|  | | | |
| **Send to:** | Name: |  | |
| Department: |  | |
| Institution: |  | |
| Address: |  | |
| Phone: |  |  |
|  | | | |
| **Invoice To:** | Institution: |  | |
| Principal Investigador: |  | |
| Address: |  | |
| VAT: |  | |
|  | | | |