

HUB Sample request form

[The full functionality of the form is only guaranteed if you open it with Adobe Acrobat (Reader/Pro).]

Requested Collection

A) Project information

1. Application Date

2. Project Title

3. Applicant

Name

Institution

Adress

Adress

E-Mail

Phone



4. Co-Applicant

Name

Institution

Adress

Adress

E-Mail

Phone

5. Project Schedule

Starting Date

Expected Duration

6. Project Description

Please describe project (max 1 page) including a) scientific background, b) research question to be answered, c) study design/methods, d) potential conclusions/relevance of outcome, e) involved collaborators.

Please explain exactly what the requested samples are needed for!

7. Planned molecular analysis

With the signature of the application, the applicant agrees to transfer all processed data generated with the biosamples and / or data provided to the MHH biobank or the MHH data warehouse after publication.

8. Planned Publications

HUB and clinical partners must be taken into account in publications that are based on the samples and data provided and the associated data. Authorship and co authorship is to be regulated in advance.

At least the following wording is recommended for acknowledgment and / or material and methods: *"The ... samples and associated data were provided by the Hannover Unified Biobank (HUB), the central biobank of Hannover Medical School (MHH) in accordance with the regulations of HUB and the approval of the ethics committee."*

With the signature of the application, the applicant agrees to report all publications resulting from the use of the provided biosamples to the MHH biobank.

Please add planned publications:

9. Funding

Funding available

Please add funding organisation:

B) Specification of biosamples

10. Requested biosamples

Type / specimen	Number of samples	Quantity / aliquote volume
-----------------	-------------------	----------------------------

11. Specific demand by applicant

12. Requested data

Biosamples are provided with a basic dataset including project specific items, collected at time of sample collection. This typically includes sample processing data, sample type, diagnosis, gender and year of birth. If specific other clinical or meta data are needed along with the samples, please specify your demand in the following text field. We transmit your data request to the [Hannover Medical School Data Warehouse \(DWH\)](#) or the corresponding data center responsible for project specific study data.

For access to DWH data you need an MHH internal partner.

13. Attachments

Attachment available

Please list attachments:

With your signature you accept the [HUB user regulations](#) for sample distribution and usage.

Actual Date

sign