Date of Request:

A. INVESTIGATOR INFORMATION

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<th>I. Principal Investigator Name</th>
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<td>II. Principal Investigator Title</td>
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<td>V. Institution Name</td>
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<td>VI. Department</td>
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<td>VII. Address</td>
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VIII. List of Co-Investigators and their Institutions

[Blank]
IX. Contact Person (If different than PI)

X. Title

XI. Phone

XII. Email

B. RESEARCH PROJECT UNDER WHICH SPECIMEN ARE / WERE BEING STORED

I. Project Title

II. Funding Source

III. Amount of Funding

IV. Period of Support

V. Grant Serial No.

VI. Has your project (under which specimens were stored/are being stored) received individual project specific Ethics approval/exemption?

☐ Yes ☐ No

If ‘Yes’, please attach a copy of the approval letter/exemption

C. PROPOSED RESEARCH ON SAMPLES REQUESTED

I. Please provide title and short summary of Research/ Work you propose to now conduct on these samples.

II. Do you have ethical approval for above (Please provide evidence).
III. Experience of researcher/s carrying out analysis (please provide information to indicate that you/your research group has experience in the techniques you now intend to use)

IV. If hypothesis generation is the specific purpose of your application, what do you envisage its application in the clinical setting will be? Please give as much detail as possible on target identification, validation etc.

V. Methods (please detail the methods you intend to use for studying these specimens, indicating controls and the experimental design you will use where relevant include statistical information):

VI. Justify number of samples requested
D. SPECIMENS REQUESTED

Please specify exactly what you require e.g. 20 samples of RNA extracted from ER positive invasive ductal carcinoma of the breast RIN>7

Please list sample requirements and format (tissue, RNA, serum etc). Ensure any age, pathological sub-types are clearly indicated.

E. **Budget Code** to charge (if applicable) 

(Unless waived off by designated university authority/Associate Vice Provost)

F. I agree that samples and data will not be used for any other purposes other than specified, will not be given or sold or exported to any other researcher or organization. The unused or leftover specimen should be returned back to Juma Research Lab.

By my signature I agree to the terms set forth in the above agreement

Name of Principal Investigator:

__________________________  ____________________________
Principal Investigator Date

Name of Authorized Person in Juma Lab:

__________________________
Authorized Person in Juma Lab Date