



Aga Khan University

Juma Lab (GF)

Biospecimen Request Form

Updated by Associate V Provost (Health Sciences) January 2018

Date of Request:

A. INVESTIGATOR INFORMATION

- I. Principal Investigator Name
- II. Principal Investigator Title
- III. Email
- IV. Phone
- V. Institution Name
- VI. Department
- VII. Address

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City

State

Country

Zip Code

VIII. List of Co-Investigators and their Institutions

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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).

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