

**Please complete form and return by email to** **HPBiobank-G@ucsd.edu****:**

**PI Information:** Name, Institution,

**Contact Information:** Institution, E-mail

**Involved staff and qualifications:** Name, email address, PI certifies that all involved staff and trainees are appropriately trained in methods and regulatory affairs.

**Project Title:**

**Type of study:** Cohort study, descriptive laboratory study, ...

**Samples requested:** tissue type, number, characteristics, patient demographics...

**Background:** Please provide a brief background and identify the gap in knowledge. What novelty does your study add? (one paragraph)

**Hypothesis:** Please provide your hypothesis. What are primary and secondary research questions? (one paragraph)

**Proposed methods and measurements:** Please summarize which parameters you are going to measure. We would like to prevent that the same measurements are performed by different groups. Furthermore, and in an attempt to foster a collaborative environment, we are going to contact you if another group performs measurements in the same sample or the same patient which may be relevant for your own studies. (one paragraph or list)

**Data Sharing:** PI Certifies that data generated from these samples will be provided back to the biorepository with an embargo period of no longer that 12 months.

**Anticipated Outcomes:** Please provide a brief summary of anticipated outcomes.

**Project duration, timeline, and milestones:** Please provide a brief gantt chart with milestones and anticipated publications.

**Ethical considerations:** What patient/meta data are needed? What are associated risks or invasion of privacy? Are there any concerns related to the IRB protocol under which the requested samples were collected?

**Collaboration and Authorship:** Whenever possible, we highly encourage collaboration between scientists and the physicians and staff who obtained the samples.

**Commercial interests:** Please declare any commercial interests for the samples or data derived from them.

**Conflicts of interest:** Please declare any conflict of interests which your research team may have.

Date and PI signature

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