



Liquid Biopsy Center

  Cancer Center Amsterdam

Liquid Biopsy Center Request form

Request for the release and use of human biomaterial
and corresponding data for the purpose of scientific
research

Version	
Date	

Please send completed forms to liquidbiopsycenter@vumc.nl
only fully completed forms will be processed

For questions, please contact the *Toetsingscommissie Biobank* (toetsingscommissiebiobank@vumc.nl)
or the *Centrale Loket Biobank* (biobankvumc@vumc.nl)



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amc VUmc Cancer Center Amsterdam

1	GENERAL DETAILS	
1.1	Applicant (responsible researcher)	Who is responsible for conducting the research?
1.2	Organisation and department	
1.3	E-mail address	@vumc.nl
1.4	Telephone number / tracer	
1.5	Address of organisation	
1.6	Contact person	Only if this is a person other than the applicant
1.7	Telephone number/ tracer	
1.8	E-mail address	@vumc.nl

2	COLLABORATIONS	
2.1	Are there any collaborations with parties other than the VUmc?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to question 3
2.2	Type of collaboration	<input type="checkbox"/> Non-commercial collaboration (Please contact the IXA and attach a copy of the 'Material Transfer Agreement') <input type="checkbox"/> Commercial collaboration (Please contact the IXA and attach a copy of the 'Material Transfer Agreement' or contract)
2.3	Name of the Institute / Company:	
2.4	Name of contact person:	
2.5	Telephone number:	
2.6	E-mail address:	

3	DETAILS OF THE RESEARCH PROPOSAL	
3.1	Title of the research project	
3.2	Research field	
	<input type="checkbox"/> Respiratory, thoracic and mediastinal disorders <input type="checkbox"/> Gastrointestinal disorders <input type="checkbox"/> Liver and biliary disorders <input type="checkbox"/> Nervous system disorders <input type="checkbox"/> other:	
3.3	Scientific relevance	
3.4	Research question(s)	
3.5	Methods	(Type of study population, primary and secondary outcome parameters, reason for amount of samples required)
3.6	Targetted start date	



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4	MATERIAL RELEASE (TYPE AND AMOUNT REQUESTED)		
4.1	Material requested from the biobank	Amount	Additional info
	<input type="checkbox"/> Blood		
	<input type="checkbox"/> Serum		
	<input type="checkbox"/> Plasma (anticoagulant EDTA)		

5	SAMPLE AND DATA RETRIEVAL	
5.1	How would you like to receive your samples	<input type="checkbox"/> Pick-up, proceed to question 5.3 <input type="checkbox"/> Sent by carrier, proceed to question 5.2
5.2	Name contact person	
	Postal address	
	Postal code	
	Town/City	
	Country	
	Telephone number	
	E-mail address	
5.3	Data	
	Which (clinical/ sample) data would you like to use (specify)?	

6	SIGNATURE (of the responsible researcher/applicant)	
6.1	The undersigned hereby declares that he/she has truthfully completed this form	
6.2	Name:	
	Date:	
	Signature:	
	Digital signatures are allowed	