# PART A: Preliminary application to the NDS Bioresource

Thank you for your interest in the NDS Bioresource. The purpose of this form is to register an expression of interest, to establish whether the samples, data and/or services you require for your study are available via the NDS Bioresource, and to identify which team is best suited to process your application.

Note: Please ensure to not disclose any patient identifiers on this form.

Please return the completed form or address any queries to bioresource@nds.ox.ac.uk

### YOUR DETAILS

### RESEARCH

Type of Research *(tick as appropriate):*

 ☐ Clinical Trial (RDN) ☐Clinical Trial (non-portfolio) ☐ Research

|  |  |
| --- | --- |
| Project / Trial Title |  |
| Research objective / aims (brief summary of project, max. 100 words) |  |

### LEAD APPLICANT

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Department/Institution |  |

### CONTACT DETAILS

|  |  |
| --- | --- |
| Name (If different to applicant) |  |
| Department/Institution  |  |
| Phone  |  |
| Email |  |

### NAMES AND AFFILIATIONS OF ALL OTHER COLLABORATORS

Please list the names and contact information of all collaborators on the research project / trial.

|  |  |  |
| --- | --- | --- |
| Name | Department/Institution/Company | Email address |
|  |  |  |
|  |  |  |
|  |  |  |

### SAMPLE, DATA AND SERVICE REQUIREMENTS

|  |  |
| --- | --- |
| Bioresource Team Requested (if known) | *Delete as appropriate* ORB / OCHRe / OTB / QUANTUM / SRT |

Please provide below a brief summary of the samples, data and/or services that you are interested in.

Note: Please ensure to not disclose any patient identifiers on this form.

|  |  |
| --- | --- |
| Recruitment of new participants to a clinical trial. (expected number at trial site, selection criteria, time-frame for recruitment) |  |
| Collection of fresh tissue samples (origin and type, processing) |  |
| Samples (e.g. origin and type, number, volume) |  |
| Data  |  |
| Histopathology services (e.g. cutting of paraffin / frozen sections, immunohistochemistry, TMA). |  |

### ETHICS AND FUNDING

### ETHICS

Samples can only be released and Research Nurse services only provided to projects with valid REC approval. Please provide details below of the ethical approval under which your study is covered.

Is your project covered by a REC approval?

☐ Yes ☐ No

|  |  |
| --- | --- |
| If Yes, REC Approval No: |  |
| REC expiry date: |  |

Alternatively, it may be possible to release samples under the ethical approval of the appropriate biobank, for a fee, and subject to the completion of the full access application process and approval by the relevant access committee.

Would you like to apply to operate under the REC approval of the appropriate biobank?

☐ Yes ☐ No ☐ N/A

### FUNDING

Samples/data will only be released or recruiting services only provided once funding is approved, however it is not necessary for funding to be in place to process your application.

Do you already have funding in place for your study?

☐ Yes ☐ No

If Yes:

|  |  |
| --- | --- |
| Source |  |
| Start Date  |  |
| End Date / Duration |  |
| Known Restrictions |  |

If No, please indicate the status of your funding application:

☐ Not Yet Applied ☐ Awaiting Application Decision

### WHAT HAPPENS NEXT

Your application will be reviewed by the NDS Bioresource team to see if the samples, data and/or services required are available and to determine which NDS Bioresource team is better suited to support your project. If the samples, data and/or services are available via the NDS Bioresource, you will be invited to submit further details to progress your application with the appropriate team.