

## SAMPLE AND DATA ACCESS FORM

Sample and data access application form		
1.	Indicate the name of the study from which samples and data are being requested	
2.	Organization (Name and Address)	
3.	Category of Organization	Please (✓) a) Academia <input type="checkbox"/> b) Industry <input type="checkbox"/>
4.	Title of the Research Project	
5.	Area of Research	
6.	Principal Investigator/s	
	Name	
	Telephone	
	Email Id	
7.	Research Team/CoPI, Co-investigators (Name & Organization)	
8.	Collaborators (Name & Organization)	
9.	Multi-centric study	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Name of the various centers with Address (in case study is multi-centric)	
11.	Objectives of the study	
12.	Downstream Assays	
13.	Selection Criteria	
14.	Sample size	a. Control: b. Cases:
15.	Sample types /Visit number	
16.	Sample volume/ quantity	

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17.	<b>Clinical data required</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
18.	<b>Imaging data required</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
19.	<b>Study period</b>	2015-2024			
20.	<b>Funding</b>	Applied	<input type="checkbox"/>	<input type="checkbox"/>	Approved
		Yet to be applied	<input type="checkbox"/>		
21.	<b>Funding details</b>				
22.	<b>Funding agency</b>				
23.	<b>Total Budget</b>				
24.	<b>Ethical approval</b> (If approved attach copy of the approval letters from the respective IRBs)	Approved	<input type="checkbox"/>		
		Applied for	<input type="checkbox"/>		
		Not applied	<input type="checkbox"/>		
25.	<b>Approval from Biosafety committee</b> (If approved attach copy of the approvals from the respective IBSC)	Approved	<input type="checkbox"/>		
		Applied for	<input type="checkbox"/>		
		Not applied	<input type="checkbox"/>		
26.	<b>Detailed study protocol/Letter Of Intent (LOI):</b> Brief description of the proposal highlighting the Background, Rationale, Hypothesis, Study Design and Outcome.	Please provide a brief description (two pages).			
27.	<p><b>Undertaking regarding the responsible use of biospecimens/data and the provision of due credit in all publications and resultant products, supplementary to the conditions specified in the Material Transfer Agreement (to be executed upon approval).</b></p> <p>(Please sign to confirm all the below mentioned undertakings)</p> <p>I/we undertake that:</p> <ol style="list-style-type: none"> <li>a. Biospecimen/data requested will be used exclusively for purposes of the approved project detailed in the application submitted to the Biorepository.</li> <li>b. Due credit/authorship/acknowledgement shall be given to the study investigators of the parent study. Funders should be given appropriate credits.</li> <li>c. The shared bioresources are intended solely for research and development within national research facilities.</li> <li>d. The biospecimens and associated data shall not be used for commercial purposes under any</li> </ol>				

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	<p>circumstances.</p> <p>e. All data generated from this project will be returned as part of the “open research” platform sharing. I/we approve THSTI to list us in their database/presentation/reports/website as one of the organizations who had access to their Bioresources.</p> <p>f. Data generated (raw and processed data) should be shared with biorepository facility post publication.</p> <p>g. The following acknowledgment shall be included in all publications, reports, and brochures arising from the study:</p> <p>“We acknowledge the invaluable contribution and expertise of the DBT-funded THSTI Biorepository in archiving and providing the biospecimens, without which this study would not have been possible.</p> <p><b>Place:</b> <span style="float: right;"><b>Name of Principal Investigator:</b></span></p> <p><b>Date:</b> <span style="float: right;"><b>Signature of the Principal Investigator:</b></span></p>
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### List of attachments to be submitted with the sample and access form:

1. Proposal as submitted and approved by the funding body / LOI
2. CV of the Principal Investigator/s.
3. Scanned copies of the Ethics and Biosafety Approvals.

**#( Project Coordinator)**

**#Approval for access to samples and associated data, for both the funded objectives under the parent study and any associated sub-studies, requires authorization from the Project Coordinator. All external requests for samples and data are processed through the Access Control Committee and must receive signatory approval from the Project Coordinator.**

**SAMPLE AND DATA ACCESS FORM**

<b>For use of the Biorepository only:</b>	
<b>Name of the Parent Study:</b> [Indicate the name of the study from which samples and data are being requested]	
<b>REQUEST FORM ID:</b>	
<b>Additional information to be completed before consideration by the Internal Governance Mechanism</b>	
A. Availability of requested biospecimen and its associated data	
B. Volume/quantity of sample remaining if request application is approved	
C. Any other comments:	
<b>Faculty in charge Biorepository</b>	
<b>Name:</b>	
<b>Date:</b>	