**RADBOUD BIOBANK REVIEW FORM**

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| Radboud Biobank | **QUESTIONS?**  Peggy Manders, Radboud Biobank  Radboudumc (830), P.O. Box 9101, 6500 HB Nijmegen  Email: [peggy.manders@radboudumc.nl](mailto:peggy.manders@radboudumc.nl)  Tel: +31-24-3668977 |

**NB**: Please check our policy for the review of requests for samples from a approved sub-biobank. To find out if CMO Radboudumc approval is necessary for your request please visit the [CMO website](https://www.radboudumc.nl/over-het-radboudumc/kwaliteit-en-veiligheid/commissie-mensgebonden-onderzoek/onderzoek/biobanking).

**CONTACT INFORMATION**

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|  | **Radboudumc PI** |
| **Institution** | Radboudumc |
| **Name** |  |
| **Address** |  |
| **Postal code** |  |
| **City** |  |
| **Country** |  |
| **Phone number** |  |
| **Email address** |  |

**Will any part of the planned research be performed outside of Radboudumc?**

* Not applicable
* Non-commercial partner
* Commercial partner

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|  | **External PI** |
| **Institution** |  |
| **Name** |  |
| **Address** |  |
| **Postal code** |  |
| **City** |  |
| **Country** |  |
| **Phone number** |  |
| **Email address** |  |

**Other collaborating investigators?**

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**REVIEW INFORMATION FOR CMO-LIGHT**

1. **PROPOSAL**

**1a. Title research proposal**

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**1b. Rationale plus aim of the proposal**

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**1c. Research question**

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**1d. Sample size and justification**

(Is the application been reviewed by a scientific review committee: enclose copy of letter of approval)

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**1e. Were the participants minor and/or incompetent at time of inclusion?** (If yes, elaborate)

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**1f. Study design**

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**1g. Study population, In- and exclusion criteria**

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**1h. Primary and secondary outcome measures**

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1. **BIOMATERIAL**

**2a. Request concerns the following sub-biobank**

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**2b. Type of biomaterial**

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**2c. Quantity of biomaterial per type**

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**2d. How was consent given for the use of the biomaterial?**

(Enclose the patient information and informed consent that have been used)

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**2e. Is there a risk of unsolicited findings?**

(If yes, elaborate and describe which measures have been taken to minimize the risk)

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**2f. Do you intend to use specimens for commercial purposes?** (If yes, elaborate)

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1. **DATA**

**3a. Is clinical data required for the proposal?**

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**3b. How was consent given for the use of the clinical data?**

(Enclose the patient information and informed consent that have been used)

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**3c. How is the clinical data collected and stored?**

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**3d. Is there a risk that the privacy of the participants cannot be guaranteed?** (If yes, elaborate)

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