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| **Name internal Principal Investigator** |  |
| **Will any part of the planned research be performed outside of Radboudumc?** | * Not applicable
* Non-commercial partner
* Commercial partner
 |
| **Name external Principal Investigator** |  |
| **Email external PI** |  |
| **Eventueel CMO application form and review no.**(please attach a copy of both) |  |

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| **Please specify request with the attached Excel file “**[**Sample specification form**](https://www.radboudumc.nl/getmedia/bc2ce1fa-a5ea-4ed1-9c35-e7940b903b17/Sample-specification-form.aspx.)**”.****For samples, please check if desired samples have already been collected. This can be done by requesting a report from the** **Radboud Biobank****.** |

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| **I am aware of the price of the items requested above including where applicable the administration fees** | Yes / no  |
| **Delivery address** (not P.O. Box) | Name institution:Department: Street: Postcode and town: Country: Contact person:Telephone number:  |
| **Invoice details internal PI** | Department: Contact person: Tekenbevoegde:Kostenplaatsnr. /projectnr.  |
| **Invoice details external PI** | Name institution: Department: Street: Postcode and town: Country:VAT-nummer:Contact person:Email address payer: Telephone number payer: |

*To be filled in by the Radboud Biobank*

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| **Expected dispatch date** |  |
| **Signature Head of Department/Head of Health chain / Consortium leader** | Date:  |