|  |  |
| --- | --- |
| **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) |  |

|  |
| --- |
| **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**](mailto:Radboudbiobank@radboudumc.nl)**.** |

|  |  |
| --- | --- |
| **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*

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