

Mycetoma Research Center
The Biobank Sample Procurement
Request Form

Instructions

- Please fill out this form completely to request biological samples from the Mycetoma Research Center Biobank.
- Attach any relevant documents (e.g., research protocols, IRB approval).
- Send the completed form to [Insert Contact Information].

Researcher Information

Name of Principal Investigator (PI)	
Title	
Institution/Organization	
Department	
Email	
Phone	
Address	
Country	

Collaborating Researchers (if applicable)

Name	1
	2
	3
Institution	1
	2
	3
Email	1
	2
	3

Project Information

Project Title

Study Objectives

- (Briefly describe the aims and objectives of your study)

Study Hypothesis

- (State your hypothesis or key research question)

Proposed Research Methods and Techniques

- (Describe the experimental methods that will be used to analyze the samples)

IRB/Ethics Committee Approval

- Approval Status: Approved Pending

- IRB Protocol Number:

- Attach IRB approval document.

Sample Information

Type of Samples Requested:

Serum

Plasma

Whole Blood

Tissue

DNA

RNA

Microorganism isolate

other (specify):

Sample Quantity/Volume

- Specify the amount required for each sample type.

Sample Source Information

- Human
- Animal
- Microorganism Isolates
- Environmental
- Other

Sample Collection Timeframe

- Specify the date range or collection stage, if applicable.

-

Special Requirements for Samples

- (e.g., specific storage conditions, processing methods)

-

Purpose of Use

- Basic Research
- Clinical Research
- Diagnostic Development
- Other (specify):

Data to be Generated

- (Specify the types of data expected to result from the use of these samples)

- --

- --

Expected Outcomes and Benefits**How will this research contribute to understanding Mycetoma**

- (Describe the expected impact of the research on advancing knowledge or treatment of Mycetoma)

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Timeline for Sample Use:

Proposed start date: - --

Estimated completion date: - --

Data Sharing and Intellectual Property

Will the results be shared with the Mycetoma Research Center Biobank

Yes No

If yes, specify which data will be shared.

- --

Are there any intellectual property considerations

Yes No

If yes, describe briefly.

- --

Funding Information

Source of Funding:

- (Provide details about funding sources supporting the research project)

Grant Number (if applicable):

- (Provide the grant number or reference if applicable)

Agreement and Signature

By signing this form, I certify that the information provided is accurate and that the samples will only be used for the purposes specified. I agree to comply with all policies and regulations of the Mycetoma Research Center Biobank regarding the handling and use of the samples.

Principal Investigator Signature

Date:

Institutional Authorisation (if required)

Name:

Position:

Signature:

Date:

Biobank Review (For Biobank Use Only)

Request Approved: Yes No

Reviewer Name:

Date of Approval:

Comments/Conditions (if any):