|  |
| --- |
| cid:image001.png@01D03711.F8CC88B0  **Application for access to material and data**  **from the Norwegian Childhood Cancer Biobank (NCCB) vs 1.7 (12.2019)** |

To:

The Norwegian Childhood Cancer Biobank by administrator

Department of Pediatric Oncology and Hematology  
Oslo University Hospital Rikshospitalet

P. O. Box 4950 Nydalen

N-0424 Oslo

Norway

Send to: [nrobinso@ous-hf.no](mailto:nrobinso@ous-hf.no)

The application and all attachments will be treated in full confidentiality by the Norwegian Childhood Cancer Biobank Board.

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. PROJECT TITLE (Both in English and Norwegian) | | | | | | | | | | | |
| English:  Norwegian: | | | | | | | | | | | |
| 2. PRINCIPAL INVESTIGATOR (PI) | | | | | | | | | | | |
| Name: | | | | | | | | | | Position / Academic degree: | |
| Institution: | | | | | | | | | | | |
| Department/Institute: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Postcode: | | | City: | | | Country: | | | | | |
| Telephone: | | Mobile/Cell: | | | E-mail : | | | | | | |
| 3. MASTER, Ph.D or POST DOC PROJECT (only if relevant for application) | | | | | | | | | | | |
| Name of student: unknown at present date | | | | | | | | Master, PhD, Post Doc: | | | |
| Place of study (University /Institution): | | | | | | | | | | | |
| Department/Institute: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Postcode: | | | City: | | | Country: | | | | | |
| Telephone: | | Mobile/Cell: | | | E-mail: | | | | | | |
| 4. COLLABORATORS  One Norwegian collaborator from the advisory board is compulsory when the PI is from abroad | | | | | | | | | | | |
| Name: | Position: | | | Institution: | | | Telephone: | | Email address: | | Data access? (Yes/No) |
|  |  | | |  | | |  | |  | |  |
|  |  | | |  | | |  | |  | |  |
|  |  | | |  | | |  | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. PROJECT DESCRIPTION | | | |
| A) Project summary  (maximum 4000 characters)  Original project protocol must be included |  |
| B) Objectives  (maximum 1500 characters) |  |
| C) REK-application  status (planned, sent, provided)  Number and date of permission (A copy of the REK application and approval must be included to the application) |  |
| D) Keywords  (3-8 descriptive keywords) |  |
| E) Research timetable | Project start (ddmmyyyy):  Project end (ddmmyyyy):  Comments: |
| 6. FUNDING | | |  |
| Please give details on how the project will be funded | | |  |
| 7. FURTHER INFORMATION | | |  |
|  | | |  |

**APPLICATION FOR BIOLOGICAL MATERIAL**

|  |  |  |
| --- | --- | --- |
| 8. ADDITIONAL REGULATORY REQUIREMENTS | | |
| A) NCCB registry. Do you need access to data sources? | |  |
| B) Specify, which data do you need from the NCCB registry (e.g. age, diagnosis, other) | |  |
| C) Is project approved (by institution) and responsible data storage provided at the users’ institution? | |  |
| D) Are there any plans to transfer biological material to laboratories outside Norway? | |  |
| 9. Further PERMISSIONS FROM REGULATORY BODIES | | |
| A) Does the project require an extension of existing approval from REK?  (Yes, is provided/Yes, will forwarded/No, not necessary-why) |  | |
| B) Are permissions required from other data owners or sources?  (e.g. Kreftregisteret, SLV, Rikstrygdeverket, SSB) |  | |
| C) Further information regarding permissions |  | |

|  |  |
| --- | --- |
| 10. BIOLOGICAL MATERIAL and ANALYSES | |
| A) Describe the required type biological specimens  (Whole blood, serum, plasma, DNA, RNA, protein, others) |  |
| B) Describe the required amount of material per sample |  |
| C) Give the planned number of samples required (if possible including statistical power calculations) |  |
| D) What will be done with left over’s from the analysis? |  |
| E) Analytical laboratory. Are the experiments performed in the lab of the applicant or by a third party (core facility, commercial, or other)  (Please give details of the laboratory where analysis will be carried out). |  |
| F) Laboratory documenta­tion of the analytical methods (SOPs) |  |
| G) Other information? |  |

|  |  |  |
| --- | --- | --- |
| 11. FURTHER INFROMATION AND ATTACHMENTS | |  |
| Is this a novel project and has not been submitted to the NCCB previously? |  |  |
| Is there an on-going scientific collaboration with other members of board of the NCCB or is there an intention to establish such a collaboration? |  |  |
| Is funding provided to perform the experiments or is the project in the phase applying for funding? Are resources available to cover for shipment and sampling handling? |  |  |
| Submission date |  |  |
| Signature of the PI |  |  |