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| 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

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

**GENERAL INFORMATION**

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| 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) |
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| 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**

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| 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 |  |

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| 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? |       |

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| 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 |  |  |