Stichting PLN,
Zuidrak 8, 1771SW Wieringerwerf
The Netherlands
biobank@plnheart.org
www.plnheart.org

Request form PLN Biobank

MAIN APPLICANT

Name	Klik of tik om tekst in te voeren.
Function	Klik of tik om tekst in te voeren.
Institute	Klik of tik om tekst in te voeren.
Department	Klik of tik om tekst in te voeren.
Street + number	Klik of tik om tekst in te voeren.
Postal Code and city	Klik of tik om tekst in te voeren.
Country	Klik of tik om tekst in te voeren.
Institutional Email address	Klik of tik om tekst in te voeren.
Phone number	Klik of tik om tekst in te voeren.
I agree with the Material and Data Access Policy of the PLN Biobank	Yes ☐

Experience in research with requested materials in research group

Name experienced researcher	Klik of tik om tekst in te voeren.
Institutional email-address experienced researcher	Klik of tik om tekst in te voeren.
Affiliation experienced researcher	Klik of tik om tekst in te voeren.

Shipping information

Courier of choice	Klik of tik om tekst in te voeren.
Account number	Klik of tik om tekst in te voeren.

Is the shipping address the same as the address of the main applicant?

☐ Yes

☐ No, the shipping address is: Klik of tik om tekst in te voeren.

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RESEARCH PROJECT

Background of the research project

Provide a short illustration of the research based on literature. (max. 500 words)

Klik of tik om tekst in te voeren.

Research question(s)

Klik of tik om tekst in te voeren.

Hypothesis/goal(s)

Klik of tik om tekst in te voeren.

Methodology

Describe the measurements, analysis plan and statistical methods that will be used. Additionally, include a motivation why you need the number of samples you are requesting (max. 250 words)

Klik of tik om tekst in te voeren.

Involvement of other disciplines

E.g., is cooperation with other research groups expected?

Klik of tik om tekst in te voeren.

Scientific impact

What is the expected scientific impact of this study? (max. 250 words)

Klik of tik om tekst in te voeren.

Duration of the project

Klik of tik om tekst in te voeren.

Estimated end date

Klik of tik om tekst in te voeren.

Requested materials:

Type of material	Quantity (fill out)	Remarks
Serum (-80C)	..... mL from symptomatic carriers(s) ..... mL from asymptomatic carriers(s) ..... mL from non-carrying family member(s)	*E.g. number of different carriers*
EDTA-plasma (-80C)	..... mL from symptomatic carriers(s) ..... mL from asymptomatic carriers(s) ..... mL from non-carrying family member(s)	
Citrate plasma (-80C)	..... mL from symptomatic carriers(s) ..... mL from asymptomatic carriers(s) ..... mL from non-carrying family member(s)	
Heparin plasma (-80C)	..... mL from symptomatic carriers(s) ..... mL from asymptomatic carriers(s) ..... mL from non-carrying family member(s)	

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PBMC (-196C)	..... vial(s) from symptomatic carriers(s) ..... vial(s) from asymptomatic carriers(s) ..... vial(s) from non-carrying family member(s) *(1 - 3 * 10^6 cells in each vial)*	
PAXgene RNA tubes	..... mL from symptomatic carriers(s) ..... mL from asymptomatic carriers(s) ..... mL from non-carrying family member(s)	

Will the project need material for the creation of extended life cell lines, organoids or embryo-like structures (cell structures that mimic the early embryo, but cannot give rise to life)?

☐ Yes, please explain what material is requested or which cell lines are produced? Justify why it is necessary for this project. With what purpose are extended life cell lines being created?: Klik of tik om tekst in te voeren.

☐ No

Will any part of the research project be performed (or any data or samples stored) outside of the European Union?

☐ Yes, namely in the following country/countries. What is the justification for taking these risks? How are material/data protected in a similar way as in the Netherlands?: Klik of tik om tekst in te voeren.

☐ No

Will the project be executed in order of and/or in cooperation with a for-profit organization?

☐ Yes, namely the following company/companies. How is the collaboration arranged? Justify why for-profit collaboration is necessary for this project: Klik of tik om tekst in te voeren.

☐ No

Will any full DNA sequencing and/or analysis be performed on the samples?

☐ Yes, please explain what material is requested? Justify why full genome analysis is needed for this project: Klik of tik om tekst in te voeren.

☐ No

Has ethical approval been obtained for the proposed project?

☐ Yes

☐ No

Is the project internally or externally funded and, if externally, by whom and for which period?

Klik of tik om tekst in te voeren.

The material may not be transferred to others without permission of the PLN Biobank. However, it is permitted to temporarily send the material to another laboratory to conduct a certain analysis when this is required for good conduct of the research project, after this has been explicitly

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requested to and is approved by the PLN Biobank. Will it be necessary for your research to send the material to another laboratory or to someone who is not under your direct supervision?

☐ Yes, namely (please specify the reason, the name of the laboratory, and the responsible person to whom you intend to send the material):
Klik of tik om tekst in te voeren.
☐ No

Other comments
Klik of tik om tekst in te voeren.

Suggested precautions for handling material from the PLN Biobank

Human material may contain highly infectious agents and have potential risks of diseases that are highly communicable to other humans. All material from the PLN Biobank should be treated as being a risk for such transmission and handled carefully. Studies have shown several extremely hazardous agents (viruses, bacteria, prions) to be very stable. We recommend handling non-fixed tissue under a biohazard hood with all personnel taking special care. Any waste material should be treated as a biohazard and discarded according to your institution's policy for handling such material.

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Contact information

In case you need further information or have questions concerning the application form or availability of tissues, please don't hesitate to contact us or look at our website (www.plnheart.org). Please return the signed completed application form to biobank@plnheart.org

MDTA

The PLN Biobank only supplies samples that have been obtained based on informed consent of the blood donor. The Samples shall only be supplied under the conditions stated in a Material and Data Transfer Agreement (MDTA), that needs to be signed by the person who is granted the power of representation within your organization. The MDTA states the rights and obligations of the Provider as well as the Recipient regarding the Samples and Data and its use.

Name:

Date: **Signature:**