

# MPBC data access application form

To be sent to MPBC coordinator Maria Swanberg: maria.swanberg@med.lu.se

<b>Applicant(s)</b>		
Main Applicant	E-mail:	Phone:
Names of all co-applicants:		

<b>Project description</b>
Title:
Project summary (max 1 A4):

<b>Publication policy and tentative author list</b>

<b>Samples required</b>			
<input type="checkbox"/> DNA	Nb of samples	Amount per sample (ng)	Concentration (ng/μl)
<input type="checkbox"/> RNA	Nb of samples	Amount per sample (ng)	Concentration (ng/μl)
<input type="checkbox"/> Serum	Nb of samples	Amount per sample (ul)	
<input type="checkbox"/> Plasma EDTA	Nb of samples	Amount per sample (ul)	
<input type="checkbox"/> Plasma Heparin	Nb of samples	Amount per sample (ul)	
Specify number of patients and controls, and if selection applied:			

<b>Additional data required</b>	
<input type="checkbox"/> Registry data	<input type="checkbox"/> Questionnaire data

<b>Attachments to application</b>
<input type="checkbox"/> <b>1.</b> Scientific rationale of project (background and any pilot data; experimental details and design; power calculations; expected value of results; relevant references) (max 5 A4)
<input type="checkbox"/> <b>2.</b> Ethics application and approval, including specification of any ethical or potentially contentious issues related to the proposed use.
<input type="checkbox"/> <b>3.</b> List of requested samples with and intended use.

<b>Signatures</b>	
Main Applicant:	Place and date:
Elucidation:	

**Decision by MPBC steering group:**

**Access to samples and/or data approved**

**Access to samples and/or data denied**

**Access to samples and/or data approved with the following amendments:**

Signature MBPC representative:

Place and date:

Elucidation: