

# Projektantrag – Englisch

## Institut für Klinische Pathologie

### Project proposal

#### Institute for Surgical Pathology

#### General Information

#### Principal investigator (PI) / Project leader

Name: \_\_\_\_\_

Clinic/Institute/Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Project

Title: \_\_\_\_\_

Short description of research project / Description of cooperation / Objectives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Methods (requested from or run jointly with the Institute for Surgical Pathology):

\_\_\_\_\_  
\_\_\_\_\_

#### Ethics committee vote / animal experiments committee vote

There is a positive vote from ethics committee related to the project described:

**Application-No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

There is a positive vote from animal experiments committee related to the project described:

**Application-No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Project funding

The project is supported by:

**Structural funding:**  DKTK  CCI  Others: \_\_\_\_\_

**Group-/Individual funding:**  SFB  DFG  BMBF  FoKo  Others: \_\_\_\_\_

**No funding**

Please specify:

**No./Program:** \_\_\_\_\_ **Period of funding:** \_\_\_\_\_

If a seamless financing of the planned project is guaranteed.

#### Project Team (only for internal projects!)

Following students/ post graduates registered for this project: \_\_\_\_\_

**Inquiry Biobanking**

**Required tissue**

Type of tumor/organ/tissue/cells (possibly name control tissue):

---



---

Cryo    Paraffin    Others: \_\_\_\_\_

**Scope** (possibly add detailed list of performed services)

Number of cases in collective (add PIZ list): \_\_\_\_\_ Number of blocks: \_\_\_\_\_ Cuts per block (specify thickness): \_\_\_\_\_

IHC (Number of antibodies per block): \_\_\_\_\_ Special staining (Number per block): \_\_\_\_\_

Misc.: \_\_\_\_\_

Estimated project end (month/year): \_\_\_\_\_

**Cooperation Agreement**

**Cooperating Partners** (additional to applicant)

Name	Department/Institution	Date	Signature
	Institute of Surgical Pathology, Freiburg		

**Authorization procedure (processed by Institute of Surgical Pathology)**

Authorization by:

CCCF-Board Shared Ressources



\_\_\_\_\_  
 Scientific director of CCCF

\_\_\_\_\_  
 Manager of operating

\_\_\_\_\_  
 Head of the Institute of Surgical Pathology

CCI Internal Board



\_\_\_\_\_  
 Head of CCI

\_\_\_\_\_  
 Head of the Institute of Surgical Pathology

Core Facility Histopathology & Digital Pathology



\_\_\_\_\_  
 Head of Core Facility

Internal project



\_\_\_\_\_  
 Head of the Institute of Surgical Pathology

## Agreement

### ► Protection of privacy

Biomaterial and data for research purposes are preserved and available solely after pseudonymization procedure. Project leader and all associated partners are bound to EU Regulation 679/2016 for protection of individuals with regard to the processing of personal data and the free movement of such data.

### ► Obligations under research

The provided biomaterial and data are only allowed to be used for the applied research objectives and must not hand over to a third party, not participating in this project. The remaining biomaterial must be returned to the Biobank or after consultation with the Institute of Surgical Pathology destroyed in documented procedure after the research project ended. All personal data collected will be deleted or made anonymous at the earliest opportunity, but no later than ten years from the date of publication of the project outcomes.

### ► Compensation

I agree to pay for compensation of costs for materials and work effort as mutually agreed upon in project meeting and/or written quotation.

### ► Co-Authorships

I assure the cooperating partners at the Institute of Surgical Pathology Co-Authorships as followed\*:

---

\* Please use the following affiliations: 1. Institute for Surgical Pathology, Medical Center – University of Freiburg, Freiburg, Germany, 2. Faculty of Medicine, University of Freiburg, Freiburg, Germany, 3. Comprehensive Cancer Center Freiburg, Medical Center – University of Freiburg, Freiburg, Germany, 4. German Cancer Consortium (DKTK) and German Cancer Research Center (DKFZ), Heidelberg, Germany

If no Co-Authorships were being agreed upon, I agree to list the Institute of Surgical Pathology or CCCF-Biobank in the acknowledgements in case of publication.

### ► Publication

The Institute of Surgical Pathology must be informed about successful publication. A corresponding document will be sent as .pdf to the following e-mail address:

[pathologie.projektkoord@uniklinik-freiburg.de](mailto:pathologie.projektkoord@uniklinik-freiburg.de)

## Applicant:

I consent with the agreements of the project application.

I consent that the project study data, in cooperation with the CCCF-Biobank, are being forwarded for entry in the study register to the Center for Clinical Studies UKF (ZKS - Zentrum Klinische Studien).

yes  no

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and stamp, Applicant

## Head of Institute of Surgical Pathology:

I consent with the agreements of the project application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and stamp,  
Head of Institute of Surgical Pathology

Please send the completed project application to: [pathologie.projektkoord@uniklinik-freiburg.de](mailto:pathologie.projektkoord@uniklinik-freiburg.de)