UNIVERSITÄTS KLINIKUM FREIBURG

FREEZE-Biobank
Breisacher Straße 115
79106 Freiburg

Contact Information:
FREEZE-Coordination team
koordination.freeze-biobank@uniklinik-freiburg.de
Telephone: 0761 270-77741

FREEZE Biobank
Universitätsklinikum Freiburg und Medizinische Fakultät
Zentrum für Biobanking

Anforderungsschein
für Bioproben aus der FREEZE-Biobank – Englisch

FREEZE-Biobank – Biological Sample Request Form

General Information	
1	Application Date:
2	Applicant:
3	Research Group:
4	Project Manager:
5	Institution:
6	Contact Information: _____ Address _____ E-Mail _____ Telephone
7	Does the project already have an internal FREEZE user agreement? ☐ no ☐ yes If yes: _____ Customer-No.: _____

FREEZE-Biobank – Biological Sample Request Form

Project Details	
8	☐ Pilot Study / Method Establishment
9	☐ Research Project Additional attachments/details: ☐ Study Protocol ☐ Ethics Committee Vote No. (required): _____ ☐ Responsible Ethics Committee: _____ ☐ Project Duration: _____
10	**Project Title:** **Project Description:** **Proposed Experiments:** **Inclusion/Exclusion Criteria:**
11	Genetic testing planned: ☐ no ☐ yes
12	Functional assays planned: ☐ no ☐ yes

FREEZE-Biobank – Biological Sample Request Form

Sample Details					
	Phenotype/ Diagnosis	**Sample type (e. g. Serum, EDTA-Plasma, PBMC)**	**Sample amount (e. g. ml, cell count)**	**Specific Quality Requirements (e. g. max. time-to-freeze)**	**Number of Patients**
13	Should FREEZE provide its standard protocol for thawing cells? ☐ no ☐ yes				

Information regarding residual material after project completion	
14	After project completion, all residual material will be: ☐ discarded (FREEZE-Biobank approval must be obtained before disposal) ☐ returned to the FREEZE-Biobank

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FREEZE-Biobank – Biological Sample Request Form

Required Data		
15	☐ No data is required	
16	**The following data is required:**	
	Patient/Donor	**Sample**
	☐ Age	☐ Collection Date
	☐ Sex	☐ Storage Date
	☐ Diagnosis	☐ _____
	☐ ICD-10-Code	☐ _____
	☐ _____	☐ _____
	☐ Other:	

With my signature, I certify that I have read the FREEZE terms of use and its applicable documents. I agree to comply with all specified requirements regarding the use of biological samples.

In particular, I agree to appropriately store and use all samples according to their safety requirement level (in compliance with the Genetic Engineering Act, Ordinance on Biological Agents, Infection Protection Act).

I agree to acknowledge the FREEZE-Biobank in scientific publications, for which FREEZE-Biobank biological samples and data were used.

Date _____ Signature Project Manager _____

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Return Shipping Form

General Information	
1	Application Date:
2	Applicant:
3	Research Group:
4	Project Manager:
5	Institution:
6	Contact Information: _____ Address _____ E-Mail _____ Telephone
7	Does the project already have an internal FREEZE user agreement? ☐ no ☐ yes If yes: _____ Customer-No.: _____

Project Details	
8	Approval obtained from the scientific sample access committee? ☐ no ☐ yes
9	Comment:

Return Shipping Form

Sample Information					
	Biobank-ID	**Sample Type**	**Sample Amount**	**Valid Consent Form**	**Storage Temperature**
10					

Sample Shipping (if applicable)	
11	Shipping Date:
12	Sender Name:
13	Shipping Method:

Unless otherwise indicated, biological samples were processed, stored and released following FREEZE-Biobank standard procedures (https://portal1.uniklinik-freiburg.de:11006/Roxtra/doc/showfolder.aspx?FolderID=14314).

For internal quality monitoring purposes, the FREEZE-Biobank kindly requests for feedback regarding obtained cell counts from biological samples (PBMC, BMMC) after thawing.

Date | Name Biobank-Coordinator | Signature Biobank-Coordinator