	Application Contract	ENR-PRE-CERBIM-004 V1
	<i>Laboratory of Biology - Pathology - CeRBIM</i>	Effective date: 2022-07-26

Document to be returned:

- ♦ **by mail to** the following address

Biological Resource Center of Martinique : CeRBIM
Maison de la Recherche level -1 of the EFS Building
CHU of Martinique - CS 90632
97 261 Fort de France cédex

or


- ♦ **by email to the following address:** cerbim@chu-martinique.fr

Date of request: YYYY-MM-DD	
<input type="checkbox"/> 1 Collection set-up and 2 Services required	
<input type="checkbox"/> 2 Desired services	
<input type="checkbox"/> 3 Resumption of a previous collection	
Collection name or project title:	Acronym:

Applicant	
Sponsor:	
Investigator of the CHU of Martinique	
Name	First name
Function / service qualification	
Phone mail	
ARC of the CHU of Martinique:	
Last name	First name

Project
Attach protocol
Program and Purpose:
Secondary Objectives:
Start Date:
Study Duration:
Sample shelf life:
Funding: <input type="checkbox"/> no <input type="checkbox"/> yes, amount: €

Regulatory documents (copies to be provided if available)
<input type="checkbox"/> Patient Information Letter/Note <input type="checkbox"/> PAC Opinion <input type="checkbox"/> Consent or non-opposition form <input type="checkbox"/> CNIL authorization or CIL declaration <input type="checkbox"/> Consent for genetic research <input type="checkbox"/> Declaration MESR <input type="checkbox"/> Other(s): specify.....

 CHU de Martinique		Coding
	Laboratory of Biology - Pathology - CeRBIM	Applicable on : YYYY-MM-DD

1: Request for Collection
Projected number of patients:
Number of visits per patient:
Nature of samples: primary resources : <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Tissue <input type="checkbox"/> Other(s): specify.....
Nature of derivatives (attach laboratory manual) <input type="checkbox"/> Heparinized Plasma <input type="checkbox"/> Citrated Plasma <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Serum <input type="checkbox"/> Cells <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/> Other(s): specify.....
Associated clinico-biological data
<input type="checkbox"/> no <input type="checkbox"/> yes, specify.....

2 : Desired services
2-1 : BIOTHEQUE services
Collection of biological samples performed : <input type="checkbox"/> Care services <input type="checkbox"/> Day hospital <input type="checkbox"/> Home
Storage temperature of biological samples before processing : <input type="checkbox"/> 18-25°C <input type="checkbox"/> +4°C <input type="checkbox"/> Other(s): specify..... Storage time of biological samples before processing : Specify.....
Preparation (or provide laboratory manual) Centrifugation <input type="checkbox"/> no <input type="checkbox"/> yes, specify Dry pellet (density gradient): <input type="checkbox"/> no <input type="checkbox"/> yes Counting: <input type="checkbox"/> no <input type="checkbox"/> yes Number of cells desired per pellet:
Cell ampoule (density gradient): <input type="checkbox"/> no <input type="checkbox"/> yes Counting: <input type="checkbox"/> no <input type="checkbox"/> yes Number of cells desired per ampoule:
Specific technique: specify..... If specific technique, please provide the operating instructions. <i>The reagents specific to the technique will be at your charge.</i>
Conservation foreseeable shelf life: Storage temperature: <input type="checkbox"/> T A <input type="checkbox"/> +4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> -150°C

Double backup (storage in 2 freezers): no yes

2-2 : TUMOROTHEQUE service

Maximum duration of cold ischemia between collection and freezing required:

→ Freezing of samples in the operating room: no yes

→ Realization of the freezing of samples in the Laboratory of Anatomy and Cytology Pathology: no yes

	Healthy tissue	Tumor tissue
Number of fragments		
Number of tubes to be made		

3-3 : PREPARATION

Production of frozen sections RNA DNA

RNA

Other(s): specify Other(s): specify.....

3-4: CONSERVATION:

Expected duration:

Storage temperature: T A +4°C -20°C -80°C -150°C

Double storage (storage in 2 freezers): no yes Not applicable

3 : Resumption of a previous collection

Related data available:

Clinic Technique Type of preparation Date and time of collection

Freezing time Freezing time

nature of the samples : specify.....

Number of samples:

Storage temperature: T A +4°C -20°C -80°C -150°C

Data entry in TD-BIOBANK :


Systematic recording: date - time of sampling, and date - time of storage.

If other information is required, please specify:


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Delivery and reception modalities: specify.....

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		Coding
	Laboratory of Biology - Pathology - CeRBiM	Applicable on : YYYY-MM-DD

Fate of the collection:

- Own use** (research program of the scientific manager of the collection)
- Provision** (research program one or more research teams internal or external to UHC M; these partnerships must be formalized in the project).
- Transfer** (sending samples to one or more research teams internal or external to UHC M without partnership or subcontracting)
*The transfer requires a request for **authorization of transfer from** the Ministry of Higher Education and Research carried out by CeRBiM (allow a delay of about 3 months).*
*Shipments outside of France require an **export authorization** request from the Ministry of Higher Education and Research (please allow about 3 months)*
- Destruction of the collection at the end of the research work (10 years)**
- Temporary storage** Return of the collection to the depositor
- Other** (specify):

Valuation and Communication:

Financial valuation:

If the cost of the collection has not been estimated during the elaboration of the scientific project, it will be communicated to you by the CeRBiM according to the elements of this request.

Planned funding source: Amount :€.....

Scientific valorization :

- Co-author Patent sharing Not applicable Other:

Communication:

Integration of your collection in the CeRBiM catalog:

- Yes No

Publication:


- To cite CeRBiM in any scientific publication resulting from the results obtained from the biological material provided (provision, transfer or service): at the rank of author and/or in the Acknowledgements and in the Methods as follows:
 - in the Acknowledgements, the authors thank the Centre de Ressources Biologiques de Martinique (CeRBiM), CHU Martinique, for the management and provision of the study patient samples" or "The authors acknowledge the Centre de Ressources Biologiques de Martinique (CeRBiM) CHU Martinique, France) for the managing patient samples".
 - in the paragraph "Materials and Methods": it should be stated that the samples were processed and made available by the Centre de Ressources Biologiques de la Martinique (CeRBiM) CHU Martinique or "Human samples were obtained from the processing of biological samples by the Centre de Ressources Biologiques of Martinique (CeRBiM), CHU Martinique, France".
- Reference CeRBiM in any scientific publication with the identification number BRIF BB-0033-00099.

Project Leader:

Name..... first name:

Signature

If the consents are not kept at CeRBiM, I undertake to verify that the consents of each patient are collected and stored in the investigator's file.

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Reserved for CeRBIM

Management of techniques at CeRBIM: Yes No Partial

Comments:

Availability of space in refrigerated enclosures: Yes No

Technical time

CeRBIM estimate : € Actual to be invoiced to CeRBIM : €

The data in the estimate are estimates and will be reviewed when the actual activity is invoiced.

Consumables needed:

Invoiced services: Reception, Preparation, Conservation, Transfer

Opinion of the Medical and Scientific Coordinator Date.....

Favourable opinion

Acceptance with reservations. The reservations are as follows:

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Application rejected, reason:

Scientific Committee Opinion: Date.....

Acceptance with reservations. The reservations are as follows:

.....

Favourable opinion

Application rejected, reason:

Referent of the study at CeRBIM :

Decision communicated to applicant Date..... by

Mail

Medical and Scientific Coordinator	General Management UHC M or his representative
Name:	Name:
First name:	First name:
Date:	Title:
Signature:	Date:
	Signature: