

**Application**  
for the usage of samples and services of Biobank Graz

green fields will be filled in by Biobank Graz

**1. Project data**

<input type="checkbox"/> <b>New project</b>	<input type="checkbox"/> <b>Extension of project number</b>
<b>Date:</b>	
<b>Project number:</b>	
<b>Project title:</b>	
<b>Project leader:</b>	
<b>Project applicant:</b> (Complete only if not identical with project leader)	
<b>Department / Institution:</b>	
<b>Contact details:</b> (Address, phone number, e-mail)	

**2. Type of application**

<input type="checkbox"/> <b>Pilot Study / Establishment of a method</b> (For a pilot study / establishment of a method only samples from up to 5 patients may be used without publishing the results.)
<input type="checkbox"/> <b>Research project</b> (Required documents: Codex4SME Biobank Graz project application and other documents *)
<b>Remarks:</b>

\* Ethics committee vote and ethics application form, study protocol as well as all other documents that were submitted to the ethics committee (e.g. study specific informed consent)

**3. Project description**

<p>Short summary description of the project in five sentences.</p> <p>Please enclose study protocol and specify inclusion / exclusion criteria for choice of samples.</p>	
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**4. Proposal and vote of ethics committee** (if already present – not needed for pilot studies)

<b>Number of the ethics vote:</b>  (please enclose a copy of the ethics proposal and the ethics vote)	<b>Date / End of validity of the ethics vote:</b>  (mandatory)
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### 5. Required samples

The following samples are required:

Type of sample (please see legend)	Organ / Tissue	Diagnosis	Number of patients	Quantity (e.g. how many slides per block / volumina of blood samples)

LEGEND - Sample types:

**Paraffin material**

P	Paraffin block
PSO	Original paraffin section
PS	Paraffin section
PSP	Paraffin shavings
TMA	Tissue microarray

**Cryopreserved tissue**

K	Cryo tissue
KS	Cryo section

**Body fluids and other samples**

EDTA whole blood	Cumulus cells	Liquor
Serum	Follicular fluid	Liquor cells
Buffy coat (= EDTA buffy coat)	Fertilized egg supernatant	PAXgene® Blood RNA
Plasma: - EDTA plasma - Na citrate plasma - LI-HEP plasma	Supernatant control	Saliva
		Synovial fluid
		Stool sample
Urine: - Spontaneous - 24-hour urine	Seminal plasma	Other:

**No samples required**

### 6. Required data (provided by Biobank Graz)

**No data required**

The following data are required:

**Minimal data set**

- Age / date of surgery
- Gender
- Date of death
- Date of processing + storage of samples
- Pathological diagnosis

**Standard data set** (if available)

- ICD-10 / ICD-0 codes
- TNM classification
- Staging
- Grading
- Receptor status
- Residual tumor
- Affection of lymph nodes
- Metastases

Others (please specify):

The project leader obliges himself/herself that the Codex4SMEs project and Biobank Graz will be mentioned in all publications and presentations (poster, oral presentations etc.) as follows where these samples/data have been used:

**“The samples/data used for this project have been provided with the support of the Codex4SMEs project, with Biobank Graz as sample provider.”**

Alternatively, the following publication can be cited:

Huppertz, B. et al., (2016). Biobank Graz: The Hub for Innovative Biomedical Research. Open Journal of Bioresources. 3(1), p.e3. DOI: <http://doi.org/10.5334/ojb.20>

## 7. Documents to be transmitted

<b>Pilot Study / Establishment of a method</b>
<p><b>For the project to be further processed, all above mentioned points must be completed fully and all documents listed below have to be forwarded to Biobank Graz of the Codex4SMEs network:</b></p> <p>✓ De Minimis declaration</p>
<b>Research project</b>
<p><b>For the project to be further processed, all above mentioned points must be completed fully and all documents listed below have to be forwarded to Biobank Graz of the Codex4SMEs network:</b></p> <p>✓ Study protocoll ✓ Ethics proposal ✓ Valid ethics vote (if already present) ✓ Contributing partners ✓ De Minimis declaration ✓ Employees in charge of samples adoption, signing delivery notes etc.</p>
<p>Codex4SMEs is an Interreg NWE project which will support European SMEs in the growth area of Personalised Medicine. The aim of this project is to build a transnational network to accelerate the development of companion diagnostics (Cdx) throughout the whole value chain for SMEs in your country and in other European countries.</p> <p>All information will be treated with the utmost confidentiality.</p> <p>I hereby consent to the completeness and accuracy of information given in this application as well as all documents. Furthermore, I approve the storage and processing of transmitted personal information and data in accordance with the EU General Data Protection Regulation (GDPR).</p> <p>----- Signature project leader</p> <p>----- Place, Date</p>

## De Minimis self-declaration

Please complete this declaration of previous State aid received under the *de minimis* rule. Using this information we will assess your eligibility to receive assistance. Please note that having received previous aid under the *de minimis* Regulation does not automatically disqualify you from receiving further *de minimis* aid from the North West Europe Programme. Please include any aid received, from national or EU sources, in this declaration.

### Declaration

I, the undersigned, representing \_\_\_\_\_ and receiving aid within the framework of the project Codex4SMEs declare that:

- the institution I represent and all other entities belonging to the same company group as my institution have not received any contribution falling under the *de minimis* Regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years)
- the institution I represent and all other entities belonging to the same company group as my institution have received the following contribution(s) falling under the *de minimis* Regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years):

Beneficiary, project name and programme	Country granting the de minimis aid	Amount granted, in EUR	Date of granting
<b>Total:</b>			

I acknowledge that untruthful/false declarations, in addition to the administrative sanctions and the request for refunding unduly received contribution charged with the interests, can also be prosecuted by the penal code.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and function of the person signing for the beneficiary: \_\_\_\_\_  
(and official stamp of the project partner where applicable)