

Request Form for Biomaterial

Please fill in the form below on your PC, then print, sign and return by email to administration of BMBH (info@biobank-heidelberg.de) or the administration of the respective partner biobank (contact information see www.biobank-heidelberg.de).



Contact: Dr. Sabrina Schmitt
Tel.: 06221-56-39964

* marked fields are mandatory fields

<p>Request please choose material and specify (field aside)</p> <p><input type="radio"/> Tissue samples or sections</p> <p><input type="radio"/> Liquid samples</p> <p><input type="radio"/> Derivatives (DNA, RNA, protein lysate, TMA, cells,..)</p>	<p>Number and specification of samples</p> <div style="border: 1px solid black; height: 100px;"></div>
<p>Project (title, short description, if necessary, attach separately) *</p> <div style="border: 1px solid black; height: 100px;"></div>	
<p>Ethics committee vote *</p> <p>Title: <input style="width: 100%;" type="text"/></p> <p>No.: <input style="width: 200px;" type="text"/> No <input type="checkbox"/></p>	
<p>Institution/hospital + department/work group + project leader *</p> <div style="border: 1px solid black; height: 40px;"></div> <p>Title + name: <input style="width: 150px;" type="text"/> Tel.: <input style="width: 100px;" type="text"/> Date: <input style="width: 80px;" type="text"/></p> <p>eMail: <input style="width: 250px;" type="text"/> Signature: _____</p>	
<p>This part will be filled in by the respective partner biobank of BMBH</p>	
<p>Request number:</p>	<p>Project number:</p>
<p>Approval</p>	<p>Name: <input style="width: 100%;" type="text"/></p>
	<p>Date of approval: <input style="width: 100%;" type="text"/></p>
<p>Cooperation partner(s)</p>	<p>Hospital/Histology: <input style="width: 100%;" type="text"/></p>
<p>Comments</p>	<div style="border: 1px solid black; height: 40px;"></div>