

<b>15 01 99 000022 - V3</b>
Implementation: 12/09/19 - Page 1/2
Request date:

Folder to be sent back to  
**Institut Jérôme Lejeune**  
37 rue des Volontaires - 75725 PARIS CEDEX 15  
Contact mail : biojel@institutlejeune.org

Part reserved for **the applicant**

### CONTACT DETAILS

Name: ..... First name: .....  
Position and professional qualification: ..... Service: .....  
Phone: ..... Mail: .....

### RESEARCH PROJECT

**Project title:** .....  
Summary study and purpose: (keywords): .....  
Join a draft (2 pages) .....  
Timetable: .....  
Partnership / Collaboration envisaged: .....

### NATURE OF SAMPLES

Desired availability date: .....  
Collection Name: .....

### BIOLOGICAL RESSOURCES

**Resources Nature:**

Heparinized plasma	PBMCs	DNA
EDTA Plasma	LCL	Fibroblasts
Citrated Plasma	Others: .....	

Selection criteria of samples (specify): .....  
Number of samples: ..... Sample volume: .....

### ANNOTATIONS

Clinical and Biological Data Associated: NO YES (list): .....

### SHIPPING SAMPLES

Packaging : Cryotubes Microplate Other: .....  
Shipping condition: liquid nitrogen Dry ice Ice Room temperature  
Shipment managed by: Recipient Biobank

### DELIVERY ADDRESS

Name: ..... First name: .....  
Adress: .....  
Phone: ..... Mail: .....

Folder to be sent back to  
**Institut Jérôme Lejeune**  
37 rue des Volontaires - 75725 PARIS CEDEX 15  
Contact mail : biojel@institutlejeune.org

<b>15 01 99 000022 - V3</b>
Implementation: 12/09/19 - Page 2/2
Request date:

**REGULATORY STEPS TAKEN OR PLANNED BY THE APPLICANT (FRANCE)**

YES Date: Nature: .....  
NO Reason: .....

**REGULATION OF PERSONAL DATA AND HEALTH DATA**

**Regulatory steps with the supervisory authority (France)**

CNIL: Authorization commitment of conformity to a reference method which: MR-001

**Transfer of personal data outside the European union**

MR-003

No Yes which country: .....

<b>Applicant:</b> signature	Date
--------------------------------	------

<b>RECORD</b> (Please make sure that all the fields are filled in)
---

Part reserved for **CRB**

**BEARING THE COSTS**

	Requestor	Biobank	Recipient
Samples preparation costs			
Transport cost			

Cost estimate for this request: ..... €

**SAMPLES BECOMING AT THE END OF THE PROJECT**

Destruction Back to BioJel Bank

**CONTRAT(S) FOR THE TRANSFER OF SAMPLES AND ASSOCIATED DATA**

MTA/ Human sample transfer and collaboration agreement Internal agreement

**RETURN OF BIOJEL BIOBANK**

Return date of Technical committee: .....

Technical committee's opinion: Favorable Unfavorable Form to be filled

Comments: .....

Return date of scientific committee: .....

Scientific committee's opinion: Favorable Unfavorable Form to be filled

Comments: .....

Return date of steering committee : .....

Steering committee's opinion: Favorable Unfavorable Form to be filled

Comments: .....

<b>Operational Biobank manager:</b> Date and signature
---

<b>Director of research:</b> Date and signature
--