

Folder to be sent back to  
**Institut Jérôme Lejeune**  
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Contact mail : biojel@institutlejeune.org

<b>IJLP-CRB-TYP-0020 - V5</b>
Mise en application : 17/02/2023 - Page 1/3
Request date:

Part reserved for the **applicant**

### CONTACT DETAILS

Name: ..... First Name: .....

Position and Professional Qualification: .....

Service: .....

Phone: ..... Mail: .....

### RESEARCH PROJECT

**Project title:** .....

**Problematic/Rational:** .....

**Goals:**

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**Méthod:**

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**Timetable:** .....

**Partnership / Collaboration envisaged:** .....

### NATURE OF SAMPLES

Desired availability date: \_ \_ \_ \_ \_

Collection Name:            Trisomy 21  
                                   Intellectual disability of known origin, specify which one .....  
                                   Intellectual disability of unknown origin  
                                   Controls

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### BIOLOGICAL RESSOURCES

**Resources Nature:**

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

### 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 MR-003 MR-004

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

NO YES to which country : .....

and Instrument to ensure an appropriate level of protection (e.g. adequacy decision, CCT, etc.):

.....

<b>Applicant :</b> signature	Date
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### FUNDING

Bearing the costs	Requestor	Biobank
Samples preparation costs		
Transport cost		
<b>Cost estimate for this request: . . . . . €</b>		

### 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\* : . . . . .

\*Please note in "Remarks" the names of persons not participating in the decision due to conflict of interest.

**Operational Biobank manager:**  
Date et signature

**Director of research:**  
Date et signature