

Folder to be sent back to  
**Institut Jérôme Lejeune**  
**37 rue des Volontaires**  
**75725 Paris Cedex 15**  
Contact mail:  
[org-ces@institutlejeune.org](mailto:org-ces@institutlejeune.org)

### *Part reserved for the applicant*

Request date : |\_|\_|\_|/|\_|\_|/|\_|\_|\_|\_|\_|

#### Contact details (Who will receive the samples)

Name, first Name: .....

Position and professional Qualification.....

Service : .....

Delivery address : .....

Phone: .....

Mail: .....@.....

#### Research Project

Project title: .....

Problematic/Rational: .....

Goals: .....

.....

Method: .....

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

### Biological resources

#### Resources Nature:

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

Selection criteria of samples (specify): .....

Number of samples: .....

Sample volume: .....

### Shipping samples

Have you allocated a budget for the research project?    YES       NO

Packaging:    Cryotubes       Microplate       Other: .....

#### Shipping condition:

liquid nitrogen       Dry ice       Ice       Room temperature

Shipment managed by:    Recipient       Biobank

### Regulatory procedures completed or forthcoming by the applicant

Yes, nature and date:

NO reason: .....

### Regulations regarding the protection of personal data and processing of health data

Associated data (clinical data, psychological data, etc.)

NO       YES (list): .....

### 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 Economic Area (EEA)

No       Yes, to which country: ..... and Instrument to ensure an appropriate level of protection:

adequacy decision

Standard contractual clauses (CCT)

Other  Please specify :

### Comments

*Please complete each section for the request to be validated*

**Date and signature of the applicant:**

## Request for provision of Biological Samples to CRB BioJel

### ***Part reserved for Biobank***

#### **Funding**

**Bearing the costs:** See financial annex B of the MTA

#### **Samples becoming at the end of the project**

Valuable samples:  YES  NO

A return of the remaining portion(s) of the valuable sample(s) may be required

#### **Contrat(s) for the transfer of samples and associated data**

MTA/ Human sample transfer and collaboration agreement

#### **Comments**

#### **Return of BioJel Biobank**

Date of feedback from Technical committee: |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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

Comments\*: .....

Date of feedback from Ethics and scientific committee: |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Ethics and scientific committee's opinion:**  Favorable  Unfavorable  Form to be filled

Comments\*: .....

Date of Director feedback: |\_|\_|\_|/|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Opinion of the Director of the IJL:**  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.

**Date and signature  
Operational Biobank manager**

**Date and signature  
Director of research**