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## **NewHOPE Biobank Researcher Access Application form**

Any researchers or research groups interested in using the NewHOPE Biobank samples and data are required to submit an expression of interest for the project to NewHOPE and specify by whom, how, and under which circumstances the data will be stored and analyzed. If, in principle, an agreement is reached that samples and/or data can be provided, HREC approval will need to be submitted to NewHOPE before data or samples are released. Any data provided to external researchers will be de-identified, and the researcher(s) will be asked to destroy the data after five years or after the time frame specified by their institutional data retention policy (which will be confirmed to NEW HOPE when they request access to the data).

### **Researcher Information**

|                                                |  |
|------------------------------------------------|--|
| Application Date                               |  |
| Chief Investigator                             |  |
| Study Title                                    |  |
| Institution                                    |  |
| Department                                     |  |
| Email                                          |  |
| Phone number                                   |  |
| Other Investigators (Name, Institution, Email) |  |

### **Ethics Approval**

|                                                                                       |  |
|---------------------------------------------------------------------------------------|--|
| HREC reference number                                                                 |  |
| Ethics Letter of Approval and Ethics Application attached:<br>Add title/filename here |  |

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## Sample Data Request Details

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| Inclusion Criteria:                                                        |  |
| Exclusion Criteria:                                                        |  |
| Type of samples                                                            |  |
| Number of samples                                                          |  |
| Specificity of disease (e.g. subject group, severity, endotype, phenotype) |  |
| Number of wells or cells per sample                                        |  |
| Specify what will be removed from NewHOPE and what will be returned        |  |
| Requested date for sample receipt                                          |  |

## Study Logistics

|                                       |  |
|---------------------------------------|--|
| Sample Handling Plan (if applicable): |  |
| Data Management Plan (if applicable): |  |
| Study Conducted at (location);        |  |

## Publication & Data Sharing Agreement

- Researchers must acknowledge NewHOPE Biobank in any publications resulting from the use of these samples/data.
- Researchers agree to share significant findings with NewHOPE Biobank for potential inclusion in future research initiatives.

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## Signatures

|                                              |  |
|----------------------------------------------|--|
| Chief Investigator Signature:<br>Name   Date |  |
|----------------------------------------------|--|

## Review & Approval

|                                         |  |
|-----------------------------------------|--|
| Reviewed by (name):                     |  |
| Changes needed before approval:         |  |
| Approved by:<br>Signature   Name   Date |  |

Office use only:

Date samples given to researcher: \_\_\_\_\_ Samples provided by: \_\_\_\_\_

Samples provided: \_\_\_\_\_

Date samples returned (if applicable): \_\_\_\_\_ Samples received by: \_\_\_\_\_