

Release of material from the Dutch Fetal Biobank

Dr. B.S. de Bakker, MD

Lead researcher

Dept. of Medical Biology

Amsterdam UMC, Univ. of Amsterdam

Meibergdreef 9, 1105AZ Amsterdam

The Netherlands

Phone: +31 20 56 65396

Private cell phone: +31 6 13541494

E-mail: b.s.debakker@amsterdamumc.nl

Dr. M.B.J. van den Hoff

Administrator and PI

Dept. of Medical Biology

Amsterdam UMC, Univ. of Amsterdam

Meibergdreef 9, 1105AZ Amsterdam

The Netherlands

Phone: +31 20 56 65415

Private cell phone: +31 6 83026774

E-mail: m.j.vandenhoff@amsterdamumc.nl

Title of the study:

Short title (max. 3 words):

Details applicant

- Title(s):
- First name:
- Initial(s):
- Surname:
- Institute:
- Department:
- Work address:
- Work phone:
- Cell phone/pager:
- E-mail:
- Website (optional):
- 'Kostenplaats' (Amsterdam UMC only):

Principal Investigator / Head of Department

- Title(s), initial(s), surname:
- Institute:
- Department:
- Work address:
- E-mail:

Contact in case of fresh sample request

When do you wish to be contacted?

- We wish to be informed only during office hours
- We wish to be informed also outside office hours

Please provide *two* contact persons for the collection of tissue.

First contact:

Name:

Function:

Work phone:

Cell phone/pager:

Email:

Badge number (Amsterdam UMC only):

Second contact:

Name:

Function:

Work phone:

Cell phone/pager:

Email:

Badge number (Amsterdam UMC only):

Background (max. 500 words):

Research proposal (max 200 words):

Requested material

Number of different fetuses:

Which fetuses should be included?

- | | |
|--|---|
| <input type="checkbox"/> Without known anomalies | <input type="checkbox"/> Triploidy |
| <input type="checkbox"/> Trisomy 13 | <input type="checkbox"/> Isolated malformation not including the desired tissue |
| <input type="checkbox"/> Trisomy 18 | |
| <input type="checkbox"/> Trisomy 21 | |
| Other, please specify: | |

Gender:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Only male | <input type="checkbox"/> 50% male, 50% female |
| <input type="checkbox"/> Only female | <input type="checkbox"/> No preference |

Age: Fetuses with which pregnancy duration should be included?

- | | | |
|--|-----------------------------|-----------------------------|
| <input type="checkbox"/> <13 weeks, please specify | | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | |

Additional requests considering age:

SAMPLES	#1	#2	#3
Sample type (body part)			
Sample size <i>(whole organ? half lobe? 15ml?)</i>			
Storage <i>If other, provide the desired medium in advance please</i>	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:
Notes			

SAMPLES	#4	#5	#6
Sample type (body part)			
Sample size <i>(whole organ? half lobe? 15ml?)</i>			
Storage <i>If other, provide the desired medium in advance please</i>	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:
Notes			

SAMPLES	#7	#8	#9
Sample type (body part)			
Sample size <i>(whole organ? half lobe? 15ml?)</i>			
Storage <i>If other, provide the desired medium in advance please</i>	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:	<input type="checkbox"/> N2, -80°C <input type="checkbox"/> Formalin <input type="checkbox"/> RNA-later <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Otherwise:
Notes			

Experiments

Where will the experiments be performed?

- Amsterdam UMC
- Another Dutch institute: please specify (lab, university)
- Abroad: please specify (lab, university, country)

Will cells/tissues from the biobank be further cultured? Please specify.

Will cultured material be shared with other labs? Please specify.

Will cultured material be immortalized?

- Yes
- No

Funding

Envisioned funding method for tissue samples

- Payment for the ordered samples based on an invoice afterwards.
- Other agreement, please specify.

I declare that the requested material will not be used for other purposes other than the studies described in the research proposal.

When the requested material contains germ cells I declare that:

The embryo law is not applicable to my experiments

I have obtained permission from the CCMO. DATE:

NUMBER:

Please also include the confirmation letter or email.

Not applicable

I declare that samples will not be shared with commercial parties.

I declare that I have read, understood and agree with all documentation concerning the release of material of the Dutch Fetal Biobank on the website www.foetalebiobank.nl.

Name of principal investigator / department head:

Date:

Signature:

City:
