

## Collaborative Research Centre / TR 240

## USAGE APPLICATION FORM

Date	
Applicant	
Name	
Institution	
Address	
Phone	
E-Mail	
Co-Applicant	
Name	
Institution	
Address	
Phone	
E-Mail	

## **Contractual Partner (if not Applicant)**

Name

Institution

Address

Phone

E-Mail

Other parties involved

**Project Description | Abstract** 

Title

**Background and Research Question** 

**Objective and Hypothesis** 

**Study Design and Methods** 

Results

**Discussion / Relevance of Results** 

Funding

Ressources

**Data and Biosamples required** 

<u>Data</u>

**Required Participant Collective** 

Variables needed

Is a re-contact to study participants necessary? Please specify which additional information is needed.

**Biomaterial** 

EDTA plasma

**Citrated plasma** 

Serum

Full blood

**Required Biomarker Collective** 

**Number of Patients** 

Required Volume per Patient (max. 300 µl)

Which biomarkers are analyzed?

Which methods are used for biomarker analysis (including preparation, pre-analytics, special analyses)?

Special requirements on biomaterial?

(Whole) Genome sequencing planned?

Yes No

Sample Size Justification

Statistical Analysis Plan

References

**Further Comments** 

Signatures

Date

Applicant

**Co-Applicant**