HCB-IDIBAPS BIOBANK SAMPLE/DATA REQUEST

INTERNAL BIOBANK CODE	AX-CaaXXX

IMP-039 rev 24 (10/06/2025)

Highlighted fields are to be filled by the Biobank

Unless stated otherwise, all fields are compulsory. Please, consider to which area you are requesting the samples:

NEUROLOGICAL TISSUE BANK (section 4.I) – Postmortem neurological tissues
TUMOUR AND TISSUE BANK (section 4.II) – Biopsies from tumors and other pathologies
BIOLOGICAL FLUIDS BANK (section 4.III) – Liquid biopsies from different pathologies

1. APPLICANT INFORMATION

PRINCIPAL INVESTIGATOR (PI) (Main responsible of the project's grant)

Name & Surname	
Department/Unit	
Institution	
Sample destination institution	
Postal address	
Telephone	
E-mail	

COLLABORATOR INVESTIGATOR (Co-PI) Please fill in this section if you are collaborating within a coordinate, collaborative or multicentric project despite not being the main PI.
In such case, please send us some official evidence (i.e., list of Co-IPs in the approved project).

Name & Surname	
Department/Unit	
Institution	
Sample destination institution	
Postal address	
Telephone	
E-mail	

2. PROJECT INFORMATION

Please send along with the sample request, the approval of your project by your Ethics Committee.
In case that your Ethics Committee belongs to Hospital Clínic, the approval of the project and the approval of sample request may be processed simultaneously. It is essential to contact the Biobank beforehand.

Does the research project approved by your Ethics Committee contemplate in its original version the use of human biological samples and associated data? And the realization of the experiments you request the samples for?

☐ Yes
☐ No

If negative, it is required that you present an amendment to your Ethics Committee and send us its approval.

Only for internal promoters (excluding the Neurological Tissue Bank): Does the research project approved by your Ethics Committee contemplate the signature of a specific project/research line informed consent?

☐ Yes, please specify the type and describe the reason to request samples from the biobank

_____

_____

☐ No

PROJECT TITLE	
Funding Agency / Promoter	
Official project code	
PROJECT SUMMARY (approx. 500 words)	
PROJECT GOALS (approx. 100 words)	
EXPERIMENTS TO BE CARRIED OUT WITH THE REQUESTED SAMPLES (approx. 100 words)	

PROJECT BILLING DATA	
☐ **FUNDACIÓ CLÍNIC;** please state grant code:	
☐ **OTHER**; please state:	
Entity	
NIF/VAT number	
Postal address	
Contact person (if different from PI)	
Other information to add to the invoice	

It is recommended to plan the global necessity of samples to avoid subsequent applications regarding to the same project.

3. SAMPLE REQUEST EXTENSION (can be removed if not applicable)

NOTE: If you have previously requested samples and associated data to the Biobank for this specific project, we consider it as a SAMPLE REQUEST EXTENSION. **In this case, you are required to, in addition to the corresponding sample section (sections 4, 5, 6), provide the following information:**

EXTENSION 'ESMENA X' (CODE) ('ESMENA X' (CODE) *to be filled by the Biobank)*

REASON FOR THE SAMPLE REQUEST EXTENSION (approx. 100 words)
BRIEFLY DESCRIBE THE EXPERIMENTS TO BE PERFORMED WITH THE PROVIDED SAMPLE REQUEST EXTENSION (approx. 100 words)

4. REQUESTED SAMPLES AND/OR DATA

REQUEST (CODE) ((code) *to be filled by the Biobank*)

AMMEND X (CODE) ((code) *to be filled by the Biobank*)

TYPE OF REQUEST: *Please specify the type of sample and/or data requested to the corresponding bank from HCB-IDIBAPS Biobank: I. Neurological Tissue Bank; II. Tumour and Tissue Bank; III. Biological Fluids Bank. Section IV applies only for data requests.* *Please remember that exclusive use of whole tissue blocks for research is not allowed. Reference Law: RD1716/2011 (BOE-A-2011-18919). Therefore, blocks should always remain under the auspices of the Anatomy Department or Biobank core facility.*
☐ Sample request (*please fill the following sections I. II. and/or III*)
☐ Sample & Data request (*please fill the following sections I. II. And/or III*)
☐ Data request (*please fill the section IV*)

I. NEUROLOGICAL TISSUE BANK (can be removed if not applicable)

SELECTION CRITERIA	
Post-mortem delay required (< hours)	
Other conditions (please specify, if required: severity, stage of pathology, age, gender, etc.)	

Select the type of neurodegenerative disease and number of cases that are of your interest:

☐ Alzheimer's disease	Nº cases
☐ Amyotrophic Lateral Sclerosis	Nº cases
☐ Corticobasal degeneration	Nº cases
☐ Creutzfeldt-Jakob disease	Nº cases
☐ Frontotemporal lobar degeneration (please specify subtype)	Nº cases
☐ Huntington disease	Nº cases
☐ Lewy Body disease (please specify subtype)	Nº cases
☐ Multisystemic atrophy	Nº cases
☐ Progressive supranuclear paralysis	Nº cases
☐ Other (please specify)	Nº cases

Select the type of samples that are of your interest:

☐ Fragment of frozen brain tissue		
☐ Histological sections from frozen brain tissue	Nº sections:	Thickness:
☐ Histological sections from cryopreserved brain tissue (fixed with 4%PFA 24h, and 30% sacarose 48h)	Nº sections:	Thickness:
☐ Histological sections from paraffin-embedded brain tissue samples	Nº sections:	Thickness:
☐ Fragment of brain tissue in 4% formaldehyde		
☐ Ventricular CSF (post-mortem)	Nº aliquots (600µl/aliquot):	
☐ Other (please specify):		

Select the areas that are of your interest:

☐ Orbitofrontal cortex	☐ Cerebellar hemisphere	☐ Pallidus globe
☐ Prefrontal cortex	☐ Dentate nucleus	☐ Thalamus
☐ Premotor cortex	☐ Midbrain	☐ Hypothalamus
☐ Supplementary motor area	☐ Substantia nigra	☐ Luys nucleus
☐ Motor cortex	☐ Locus coerelus	☐ Meynert nucleus
☐ Precuneus cortex	☐ Pons	☐ Hippocampus
☐ Anterior cingulate cortex	☐ Medulla oblongata	☐ Amygdala
☐ Posterior cingulate cortex	☐ Cervical spinal cord	☐ Olfactory bulb
☐ Temporal cortex	☐ Thoracic spinal cord	☐ Optic chiasm
☐ Parietal cortex	☐ Lumbar spinal cord	☐ Pituitary gland
☐ Occipital cortex	☐ Striatum	☐ Pineal gland
☐ Insula	☐ Caudate nucleus	☐ Other
☐ Cerebellar vermis	☐ Putamen nucleus	

Requested data:

Clinical characteristics and/or other specifications to consider for sample selection:	
	☐ Not applicable
Samples are associated with basic clinical data (gender, age, clinical diagnosis, main neuropathological findings and PMD), please mention if others are needed:	
	☐ Not applicable

☐ This sample request requires scientific collaboration.

II. TUMOUR AND TISSUE BANK (can be removed if not applicable)

SELECTION CRITERIA			
Tissue / Organ			
Pathology			
Nº cases			
Do you require normal tissue adjacent to the pathological area from the same case?			
☐ Yes (compulsory)	☐ Yes (optional)	☐ No	☐ Not applicable
Clinical characteristics and/or other specifications to consider for sample selection:			
			☐ Not applicable
Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:			
			☐ Not applicable

Select the type of samples that are of your interest:

- For slides, we normally cut at 3-5uM as standard, please state if you need another thickness.
- For tubes, we have standardized a protocol depending on tissue and sample size, please let us know if you need a specific number of sections.

☐ Fresh tissue	Minimum size:	
☐ Processed tissue	Minimum size/Nº aliquots:	
☐ Frozen tissue (snap-frozen) in tubes	Minimum size:	
☐ Frozen tissue (in OCT) sections in slides	Nº slides/case:	Thickness:
☐ Frozen tissue (in OCT) sections in tubes	Nº tubes/case:	Thickness:

☐ Paraffin-embedded tissue sections in slides	Nº slides/case:	Thickness:
☐ Paraffin-embedded tissue sections in tubes	Nº tubes/case:	Thickness:
☐ Sections of TMA (Tissue Microarrays)	Design agreed with the Biobank's personnel according to project's needs and sample availability.	
	Nº slides:	Thickness:
☐ Digitalised histological preparations	Nº slides/case:	
	Please specify staining:	
☐ Other (please specify):		

☐ This sample request requires scientific collaboration.

III. BIOLOGICAL FLUIDS BANK (can be removed if not applicable)

SELECTION CRITERIA	
Pathology	
Other conditions (please specify, if required: age, gender, etc.)	

Select the type of samples that are of your interest:

TYPE OF SAMPLES	NUMBER OF REQUESTED CASES	VOLUME OF SAMPLE NEEDED OR NUMBER OF ALIQUOTS NEEDED *(plasma and serum aliquots are 500µl)*	SAMPLE CONCENTRATION NEEDED *(for DNA and PBMCs)*
☐ DNA			
☐ Plasma			
☐ Serum			
☐ PBMCs			
☐ Other (please, specify):			
Samples are associated with basic clinical data (gender, age, organ, diagnosis), please mention if others are needed:			
			☐ Not applicable

☐ This sample request requires scientific collaboration.

IV. ASSOCIATED DATA REQUEST (can be removed if not applicable)

SELECT THE BANK FROM WHICH YOU REQUESTED THE DATA:
☐ Neurological tissue bank
☐ Tumor and Tissue bank
☐ Biological fluids bank

List of the necessary data for the project. Please specify the number of cases to study.

5. MATERIAL TRANSFER AGREEMENT (Only INTERNAL RESEARCHERS)

The use of the samples transferred hereinafter (the "MATERIAL") by the PI ("RECIPIENT") is regulated by the Spanish Law 14/2007 of Biomedical Research.
The recipient is committed to comply with the following obligations:

- To use the supplied MATERIAL exclusively for carrying out the presented project, which was previously evaluated by its relevant Ethics Committee. In the event of a substantial change in the development of the project that affects the use of the MATERIAL, the RECIPIENT must inform the BIOBANK, which will expressly decide on the authorization of the new use of the MATERIAL.
- To safeguard and ensure the traceability of the samples.
- Not to give the MATERIAL to other researchers and/or institutions who are not included in the initial PROJECT.
- To always guarantee the confidentiality of the samples and data. The commitment of confidentiality and limitation of use persists throughout the period in which the data are maintained, and this cannot be extended beyond that necessary to fulfill the research purposes indicated in the project and the obligations linked to it.
- The RECIPIENT, when dealing with coded data, undertakes not to attempt to re-identify the subject.
- To assume responsibility for the proper and safe handling of the MATERIAL under appropriate biosafety conditions and by trained personnel in the RECIPIENT's laboratory to ensure appropriate risk containment.
- To inform the BIOBANK and ensure access to the corresponding data, if during the research a finding relevant for the health of the donor or his/her relatives is obtained.
- To mention the origin of the MATERIAL in all communications and scientific publications resulting from the research using the samples and/or data, with the following formulations in conjunction:
  In Materials and Methods: "Samples and data from patients included in this study were provided by the HCB-IDIBAPS Biobank (B.0000575), integrated in the Platform ISCIII Biobanks and Biomodels and they were processed following standard operating procedures with the appropriate approval of the Ethics and Scientific Committees".
  In Acknowledgements: "We are indebted to the HCB-IDIBAPS Biobank for sample and data procurement."
- To send a report of all published communications and scientific articles to the BIOBANK once the results derived from the use of the samples and/or data have been published, and to make any raw data of interest derived from the analyses of the MATERIAL available to future researchers who request the same samples.
- Upon completion of the project or termination of the contract, the RECIPIENT must DESTROY surplus samples used for said purpose as directed by said institution or RETURN them to the BIOBANK.
- To cover the expenses incurred by the BIOBANK according to a previously accepted budget, as well as shipping costs, if any, within 30 days after issuance of the invoice.
- To contract a shipping company that ensures proper transport of the MATERIAL and complies with quality standards. The BIOBANK does not assume responsibility for any damage that may occur during transport.

☐ **By selecting this box, the applicant agrees to comply with all regulations for use of the samples provided. This section is only for applicants within FUNDACIÓ DE RECERCA CLÍNIC BARCELONA-INSTITUT D'INVESTIGACIONS BIOMÈDIQUES AUGUST PI I SUNYER.**

6. DATA MANAGEMENT ASSOCIATED TO THE REQUEST

6.1 DATA PROCUREMENT TO INTERNAL RESEARCH GROUPS – Promoters of the Biobank

*This section applies to Biobank sample and data procurement to **internal research groups at the Hospital Clínic de Barcelona** that are **promoters of the Biobank**. It is of upmost importance that the research group verifies that all the associated data and variables that are requested are already specified in the Data Management Plan of the approved study protocol.*

☐ **Commitment not to use the biological material and the data for any purpose other than the one initially indicated, except in the case that the personal data is to be reused for the purpose of health and biomedical research. In this case, an additional IC is requested for a specific purpose and to use the data for purposes related to the area in which the initial study is scientifically integrated (Art. 97 additional provision seventeen, 3/2018 of December 5, Protection of Personal Data and guarantee of digital rights), and also maintain the data confidentiality**.

☐ **Data minimization commitment** (*the use of data will be appropriate, relevant, and limited*)

6.2. SEARCH FOR ADDITIONAL DATA – Internal (no promoters of the Biobank) and External Research Groups

Will a search for additional data be necessary? YES ☐ NO ☐

Data search by the Biobank

The Biobank data management staff registers associated data on a routine basis. Nevertheless, some projects require a considerable extended amount of data that should be incorporated ad hoc upon demand.

☐ Biobank Data Manager (name):	☐ Biobank Documentalist (name):	☐ Not applicable

Data search by the research group

In case the extended set of associated data search is performed by the research group, the research team should count on a professional not related to the research project aims, who will register the data and code each data set without providing tracking of the code to the research team itself.
Please complete the form below with the name of the professional from the clinical group who is in charge of the data search and provision to the research group.

Name:	Affiliation/Research team:	☐ Not applicable

7. DATA FOR THE SHIPMENT OF SAMPLES

☐ **I confirm that the researcher and institution stated below are mentioned in the approved project.**

Name & Surname	
Department/Unit	
Institution	
Postal address	
Telephone	
E-mail	
Courier Account Number (if aplicable)	

8. REQUEST SIGNATURE

PRINCIPAL INVESTIGATOR (PI) of the PROJECT	If applicable, COLLABORATOR INVESTIGATOR (CO-PI)
Signed (Name and Surname): Date:	Signed (Name and Surname): Date:

9. BIOBANK FEASIBILITY REPORT (to be filled by the Biobank)

☐ Availability of these samples has been reviewed and approved by the HCB-IDIBAPS Biobank.

Hereby, the HCB-IDIBAPS **Biobank** approves the technical feasibility of the project and confirms the availability of:

☐ All requested samples/data
☐ Some of the requested samples/data
If so, specify which ones: _____
☐ None. The Biobank commits to coordinate the prospective tissue collection and create a new Biobank cohort

This approval is subject to internal committee review and approval, as well as external committee review and approval, and the Scientific Director Signature.