

# National Cancer Tissue Biobank

## Department of Biotechnology, 11T Madras

# Sample Request Form

|                        |                                  |                                 | Date: |
|------------------------|----------------------------------|---------------------------------|-------|
| Researcher name        |                                  |                                 |       |
| Designation            |                                  |                                 |       |
| Institution            |                                  |                                 |       |
| Contact number         | Landline :                       | Mobile :                        |       |
| Email ID               |                                  |                                 |       |
| Address                |                                  |                                 |       |
|                        |                                  |                                 |       |
|                        |                                  |                                 |       |
|                        |                                  |                                 |       |
| Sample Requirements:   |                                  |                                 |       |
| Tumor type :           |                                  |                                 |       |
| Sample type:           | DNA RNA                          |                                 |       |
| Tumor                  | : Number of Samp                 | oles :                          |       |
| Normal                 | : Number of Samp                 | les :                           |       |
|                        |                                  |                                 |       |
| Checklist for Sample I | Request (mandatory):             |                                 |       |
| Completed sample       | request form                     |                                 |       |
| Proposed research      | work with justification for usi  | ng primary cancer tissue sample | 2     |
| Copy of Ethical cle    | arance for the proposed work     |                                 |       |
| Copy of Institute b    | piosafety clearance for the prop | posed work                      |       |

 ${}^*P$  lease note that sample request will not be processed without complete checklist

# NOTE

# **National Cancer Tissue Biobank**

## Department of Biotechnology, IIT Madras

#### Terms & conditions:

- (i) The recipient should agree that, DNA or RNA from cancer and normal tissues provided by NCTB should be used only for the research proposed in this application. Sample shall not be sold or distributed free of charge to third parties or used for commercial purposes.
- (ii) The recipient holds all risks and responsibility in connection with the receipt, safe handling procedures and storage.
- (iii) The recipient is accountable for all charges for the procurement and processing of the samples requested.
- (iv) Payment has to be made along with Material Transfer Agreement (MTA).
- (v) Recipient should provide the account details for shipping. If account is not available, shipping amount will be included along with sample charges.

## **Disclaimers:**

I have read the terms and conditions in handling human samples and accept responsibility.

| <del></del>       |                       |
|-------------------|-----------------------|
| Name of Recipient | Signature of Recipien |

### **Contacts:**

NCTB will consider this request upon receipt of these signed understandings and other requested information.

If you have any specific questions about your application, please contact:

#### National Cancer Tissue Biobank (NCTB),

Room # 003, Ground floor, Department of Biotechnology, Indian Institute of Technology Madras, Chennai - 600 036

Phone: 044-22575108 Email ID: nctb@iitm.ac.in