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CardioVascular BioBank (CVBB)
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CVBB – Biological Sample Request Form

Dear CVBB costumer,
To offer you the best possible service, we need some additional information. Therefore, please complete the following form as detailed as possible.

General Information
Application Date:
Applicant:
Research Group:
Institution:
Contact person(s): Person(s), who will pick up the sample
Address:
Email: Reachable in case of available tissue
Phone Number: Reachable in case of available tissue

Project Details
☐ Pilot Study / Method Establishment ☐ Research Project
Additional attachments / details: ☐ Study Protocol ☐ Ethics Committee Vote No. (required): _____ ☐ Project Duration: _____ ☐ Responsible Ethics Committee: _____
Project title:
Description of project, research question and proposed experiments:
Inclusion / exclusion criteria for required tissue (patient and tissue description):
Genetic testing planned: ☐ yes ☐ no Functional assays planned: ☐ yes ☐ no

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CVBB – Biological Sample Request Form

Sample Details

Sample type (e. g. heart tissue, blood, serum, plasma):

Patient attributes:
- ☐ Male
- ☐ Female
- ☐ Adult
- ☐ Children
- ☐ Specific age: _____
- ☐ Others*: _____

Tissue description / location (please specify):

Atrium:	☐ right	☐ left	☐ Apex
Ventricle:	☐ right	☐ left	☐ RVOT
Appendage:	☐ right	☐ left	☐ LVOT
Atrial myocardium:	☐ right	☐ left	☐ Others*: _____
Ventricular myocardium:	☐ right	☐ left	_____

*Please describe as accurately as possible:

Heart rhythm:
- ☐ Sinus Rhythm
- ☐ Atrial fibrillation (AF) permanent
- ☐ AF paroxysmal
- ☐ AF persistent
- ☐ Others: _____

Tissue nature:
- ☐ Fresh
- ☐ Frozen (snap freeze)
- ☐ Tissue-Tec (O.C.T.)
- ☐ Fixed: ☐ PFA (4%) ☐ Karnovsky ☐ Formaldehyde
- ☐ Others: _____

Number of samples (patients) per condition:

Sample amount per condition [mg, mL]:

Phenotype / diagnosis:

Specific quality requirements (e. g. max. time-to-freeze):

Information regarding residual material after project completion

After project completion, all residual material will be:
- ☐ discarded (CVBB approval must be obtained before disposal)
- ☐ returned to the CVBB

Required Data

- ☐ No data required

The following data is required:
- ☐ Age ☐ Diagnosis
- ☐ Sex ☐ Medication: _____
- ☐ Others: _____
- ☐ _____
- ☐ _____

Further comments:

With my signature, I agree to comply with all specified requirements regarding the use of biological samples. In particular, I agree to appropriately store and use all samples according to their safety requirement level (in compliance with the Genetic Engineering Act, Ordinance on Biological Agents, Infection Protection Act). I agree to acknowledge the CVBB-Biobank in scientific publications, for which CVBB-Biobank biological samples and data were used.

Date _____ Signature Applicant _____

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