1. **Requester ID**

|  |  |
| --- | --- |
| Name |  |
| Affiliation |  |
| Contacts | e-mail:  phone: |

1. **Request type**

Sample (jump to section 2.1)

Service (jump to section 2.2)

* 1. **Sample request**

Sample type

|  |  |  |  |
| --- | --- | --- | --- |
| Human | Blood serum[[1]](#footnote-1) | Inactivated  Non-inactivated | Volume/sample:Choose an item.  Volume/sample:Choose an item. |
|  | Blood plasma1 | Inactivated  Non-inactivated | Volume/sample:Choose an item.  Volume/sample:Choose an item. |
|  | Blood cells1 | PBMCs | Form: Choose an item. |
|  |  | Erythrocytes | Form: Choose an item. |
|  |  | Other (specify in notes) | |
|  | Cell lines[[2]](#footnote-2) | Form: Choose an item. | Note: Cell line list available on request |
|  |  |  |  |
| Bacteria[[3]](#footnote-3) | Form: Choose an item. | | Note: Strain list available on request |

Sample amount

|  |  |  |
| --- | --- | --- |
| *Sample type* | *Volume or cell number per sample* | *Number of samples* |
| Serum/plasma |  |  |
| Blood cells |  |  |
| Cell lines |  |  |
| Bacteria |  |  |

Notes

Describe de sample use, specifying the objectives of the work, safety aspects and relevance of the use of the requested sample (*ca*. 300 words). Attach the protocol if necessary.

Specify the safety conditions available to handle the requested samples (Note that, for safety reasons, access to certain sample types may be denied if your laboratory lacks the equipment and trained personnel). If unavailable, access to the **biobank|CQE** facilities may be provided for sample handling (see section 2.2).

Specify the sample destruction method.

Destruction by heat (121 ºC, 1 hour minimum)

Destruction by incineration

Collection by certified company (specify in notes)

Return to biobank|CQE for disposal according to internal procedures

* 1. **Service request**

Service type

Access to **biobank|CQE** facilities for sample handling and assay conduction

Provision of service by **biobank|CQE** personnel

Assay design and data processing

Specific services to be performed

|  |  |  |
| --- | --- | --- |
| Sample processing (specify the origin in notes) | Blood  Serum  Plasma  Urine  Cell pellet/suspension  Other (specify in notes) | Human  Non-human |
| Cell isolation | Eukaryotic cells  Prokaryotic cells | Human  Non-human |
| Cell culture | Human  Non-human | Cell line  Primary cultures |
| Toxicity assays | Human  Non-human |  |
| Cellular fractioning (specify in notes) | Eukaryotic cells  Prokaryotic cells | Human  Non-human |
| Other assays (specify in notes) | |  |

Notes

Describe the requested service. If access to the **biobank|CQE** facilities is being requested, indicate the name, habitation, and affiliation of each user.

This form will be submitted to the Scientific Commission of **biobank|CQE**.

Please attach any documents relevant for this request.

Submission by e-mail to **pedro.pinheiro@tecnico.ulisboa.pt**

List of attached documents:



Click or tap to enter a date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

*(for internal tracking purposes)*

Track number: Received:

Decision:

Request accepted  Request denied  Additional information requested

Date:

Signed:

1. BSL-2 only. [↑](#footnote-ref-1)
2. BSL-1 and BSL-2 depending on cell type and lineage. [↑](#footnote-ref-2)
3. BSL-1 for non-pathogenic wild-type strains, BSL-2 for pathogenic and/or GMO. [↑](#footnote-ref-3)