

**Please send back by E-Mail to: [info@biobank.uni-luebeck.de](mailto:info@biobank.uni-luebeck.de)**

<b>APPLICANT</b>		Stamp of Institution:
Titel, First Name, Surname:		
Institution:		
Department:		
Phone:	Fax:	
Email:		

INFORMATION ABOUT THE RESEARCH PROJECT			
Title of funded Project:			
Funding Institution:	<input type="checkbox"/> DFG	<input type="checkbox"/> BMBF	<input type="checkbox"/> Uni-intern
	<input type="checkbox"/> Foundation:		<input type="checkbox"/> Other:
Period of Funding:			
Ethics:	<input type="checkbox"/> available,	Valid until:	No:
	<input type="checkbox"/> not available		

SHORT DESCRIPTION OF THE PROJECT incl. SPECTRUM OF METHODS	

### SAMPLE CHARACTERIZATION

Sample type:	<input type="checkbox"/> Human	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> solid (e.g. tissue)	<input type="checkbox"/> paraffin <input type="checkbox"/> Cryo <input type="checkbox"/> Imprint <input type="checkbox"/> Vital <input type="checkbox"/> _____
		<input type="checkbox"/> tumor <input type="checkbox"/> control <input type="checkbox"/> Metastasis
	<input type="checkbox"/> liquid (e.g. Serum)	<input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/> CTC
		<input type="checkbox"/> Whole Blood <input type="checkbox"/> Thrombocytes <input type="checkbox"/> _____
Storage temperatur:	<input type="checkbox"/> liquid nitrogen	<input type="checkbox"/> -80°C <input type="checkbox"/> -20°C <input type="checkbox"/> 4°C <input type="checkbox"/> RT
Specifications:	<input type="checkbox"/> no	<input type="checkbox"/> infectious <input type="checkbox"/> S1-Organismus
	<input type="checkbox"/> other: _____	
Number of Samples:	Min:	Max:
Further Specifications of the Requested Samples:		

### CLINICAL DATA

Necessary: <input type="checkbox"/> yes <input type="checkbox"/> no		
Age:		
Sex:		
TNM- Stage:		
Localisation:		
Follow up:		
pretreatment prior to acquisition accepted:	YES	NO
Chemo- and Radiotherapy		
Chemotherapy		
Radiotherapy		

City, Date

Signature