

# PREDICOVID - Sample Access Request

## 1. Request

Requestor Details			
Requestor Name		Date	
Requestor Position			
Requestor Organization			
Requestor Contact Details <small>(Postal address, phone number, fax number, email address)</small>			
Research project			
Title of the research project			
PI of the research project			
Short summary of the research project, including the proposed use of the samples (background, objectives, study outlines)			
Sample Request Details (number of samples and amount of material needed (in detail))			
Does the proposed use include genetic analyses?	YES / NO If YES, please detail		
Data Request Details (in detail)			

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<b>Estimated date of receipt of data/material</b>		
<b>Estimated end of the study (please provide date)</b>		
<b>Who has control of the requested samples?</b>	LIH / PI / SHARED	
<b>Cooperation aspects of the principal investigator with the Predicovid study team</b>		
<b>If applicable, name of Predicovid study team involved</b>		
<b>Is the project funded?</b>	YES / NO	
<b>Did the research project receive an approval for the proposed use e.g. from a Research Ethics Committee (REC)?</b> <i>(please submit a copy of the approval with this form when applicable)</i>	YES / NO If No, please comment	
<b>Completed By (Signature of PM, Name &amp; Date)</b>		

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## 2. Review Committee Decision

Research project review				
Does the PrediCovid informed consent cover the proposed use?	YES / NO			
Does the PrediCovid informed consent cover genetic analysis?	YES / NO / NA			
Are suitable samples available in the inventory for distribution?	YES / NO			
Does Predicovid study team have the requested data?	YES / NO / NA			
List the samples which are available to fulfill this request				
Review Committee Members				
TITLE	NAME	Approved	Not approved, FU meeting requested	Rejected
PI, when applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician scientist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific advisor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conclusion				
<p><b>Does the research project require an amendment to the current Predicovid protocol for the proposed secondary use e.g. from a Research Ethics Committee (REC)?</b> <i>(please submit a copy of the approval with this form when applicable)</i></p>		<p>YES / NO If No, please comment</p>		
<p><b>Outcome:</b> <i>(please circle)</i></p>	<p>Request approved/ Request not approved and FU meeting requested/ Request rejected</p>			
<p><b>If “Not approved AND FU meeting is requested”</b></p>	<p><b>Date of FU meeting</b> (DD/MMM/YYYY)</p> <p style="text-align: right;"><b>Approved/</b></p> <p><b>Conclusion of the FU meeting</b>      <b>Approved with restrictions/</b></p> <p style="text-align: right;"><b>Rejected</b></p>			
<p><b>On behalf of Predicovid Review</b></p>			<p><b>Date of Approval:</b> (DD/MMM/YYYY)</p>	

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<b>Committee</b> (name, signature):			
<b>Comments</b>			