

REQUEST FOR BIOLOGICAL RESSOURCES

Form to be completed and sent to : Philippe.luel@urosphere.com

The document has no contractual value. Please inform Urosphere if any of these documents are amended.

A. REQUESTOR

First Name: **Last name:**
Function: **E.mail:**
Phone:
Establishment / Organization:
Type of structure: Public ☐ Private not-for-profit ☐ Private for-profit ☐ Other:
Adress:

B. OBJECTIVES OF THE PROJECT

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C. BIOLOGICAL RESSOURCES

Type of surgery: - **Specifique mutation:** - **TNM R classification:** -
Cancer grade: - **Gleason score:** - **Number of patients:** - **Number of samples per patients:** -

Model	Type of sample	Organ	Type of conservation	Quantity	Desired passage	Origin*
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

* Only for cancer cell lines: Human or Animal.

Additional information or comments:

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E. ASSESSMENT OF THE REQUEST (box reserved for Urosphere)

Request received on: Quote or project number:

Business Developer: Agreement / Disagreement

Reasons:

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Date and signature:

Biobank manager: Agreement / Disagreement

Reasons:

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Date and signature: