

<b>REQUEST FOR BIORESOURCES</b> Sample provision service and associated data	<b>Application code:</b>
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**Principal Investigator's Contact Details (The Applicant)**

First name and surname	
NIF/NIE/Passport	
Service/Department	
Institution	
Postal address	
Mobile telephone number	
E-mail address	
Project	Title and call for research funding

Do you belong to an Instituto de Investigación Sanitaria (ISCIII)? Yes  No

Which one? \_\_\_\_\_

**Authorised contacts**

Name and surname	Email address	Phone number

**Tax Data / Electronic Invoice Data**

Company name	
VAT/ CIF	
Tax address	
Managing Body	(Code/Description)
Accounting Office	(Code/Description)
Processing Unit	(Code/Description)
Proposing Body	(Code/Description)

Signature (Date)	Biobank Signature (Date)
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*In compliance with data protection regulations, we inform you that your personal data will be processed for the purpose of managing your service requests, and will only be shared when legally required. The legal basis for the processing is the necessity of performing a contract or legitimate interest. The data controller is the Fundación Pública Andaluza Progreso y Salud, M.P., located at Av. Américo Vespucio, 15, Edif. S2, 41092 Seville. You may exercise your rights by email at [lopd.fps@juntadeandalucia.es](mailto:lopd.fps@juntadeandalucia.es) or by postal mail. You may also contact the Data Protection Officer at [dpd.csalud@juntadeandalucia.es](mailto:dpd.csalud@juntadeandalucia.es), and furthermore, you have the right to lodge a complaint at <https://www.ctpdandalucia.es>.*

*For more information, please visit: <https://www.juntadeandalucia.es/protecciondedatos/detalle/181013.html>.*

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**SECTION A: DEFINITION OF SAMPLES AND ASSOCIATED DATA**

Indicate the biological samples and associated data you require for your research project.

Diagnosis and nature of sample(s)	
Format	
Number of samples	
Sample quantity	
Clinical data required	

**SECTION B: PROJECT INFORMATION**

Project title:  
 Project code:  
 Initial date:  
 Project duration (years):

**SECTION C: ETHICS COMMITTEE APPROVAL**

(Attach a copy of the institution Ethics Committee approval)

**SECTION D: SCIENTIFIC APPROVAL**

If yes, please provide details (funding, etc)

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**Andalusian Public Health System Biobank**

[biobanco.sspa@juntadeandalucia.es](mailto:biobanco.sspa@juntadeandalucia.es)

[www.biobancosspa.com](http://www.biobancosspa.com)

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