


QATAR BIOBANK			 قطر بيوبانك qatarbiobank <small>for medical research</small> للبحوث الطبية عضو في مؤسسة قطر Member of Qatar Foundation
RESEARCH OFFICE			
GENOMIC ANALYSIS RETRIEVAL FORM			
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Research Application No. _____

1. PROJECT DETAILS


Project Title	
Project Duration	
Proposed Start Date	
Grant Source	
Grant Number	

2. PRINCIPAL INVESTIGATOR'S DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

3. CO-APPLICANT'S DETAILS

Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

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4. CO-APPLICANT'S DETAILS

Title	
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Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

5. GENOMIC ANALYSIS DATA / FILES REQUESTED:

Deliverable File Name	Details (File Format)	Date- File created

6. QBB APPROVALS


Any other comments:

Reviewed By QBB / QGP Manager: Name: Signature and Date:	
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7. GENOMIC ANALYSIS FORMAT PROVIDED BY SIDRA IT:

Mode of data provision: ASPERA

Any other comments/ File Details:

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Research Application No. _____

Sidra Lab/ IT Manager Name: Signature & Date:	
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8. QBB/ QGP FOR REVIEW & DELIVERY
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USB Number:
USB Copies Provided:
Any other comments:

Reviewed By QGP / QBB Manager Signature and Date:	
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9. RECEIPT NOTE BY PI: (ACKNOWLEDGEMENT OF GENOMIC ANALYSIS DATA BY PRINCIPAL INVESTIGATOR)
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This is to acknowledge the receipt of the USB with Genomic analysis data in good condition and will be used and stored as agreed in the signed MTA & NDA agreement of QBB.

In case the PI has any claim regarding the provided analysis data, the PI should communicate to the Access office using the **ACCESS CLAIM FORM QF-QBB-RES-FO-013** within 15 days of receipt of the data. No further claims will be entertained as per the MTA agreement signed by recipient (PI).

Principal Investigator: Name: Signature and Date:	
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