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| 1. **Biologic Sample Form, to be completed by the principal investigator (PI) of the study** | |
| **First name and last name of the PI :** |  |
| Institution and complete postal address : |  |
| Phone number : |  |
| Email address : |  |
| Date of data request : |  |
| Title of the project : |  |
| Justification for the sample request : |  |
| Sample type (serum, plasma, urine, saliva, PBMC, DNA, RNA) : |  |
| Sample sub-type (if relevant) : |  |
| Number of participants : |  |
| Time of sampling (T1, T2, T3, T4) : |  |
| Name of biomarkers to analyse : |  |
| Minimum volume required by biomarker : |  |
| Electronic signature : |  |
| **First name, last name and title of the identified resource person to contact for sending the biologic samples** : |  |
| Phone number : |  |
| Email address : |  |