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|  | *(Office Use only)* CUB Application No.: | .. |  |
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| PLEASE COMPLETE THE RELEVANT SECTION FOR THE TYPE OF APPLICATION YOU ARE MAKING |
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|  |  |  |
|  | Which service do you require? |  |
|  | Stored Samples [ ]  *Please fill in sections A, B, C.*  |  |
|  | Fresh Samples [ ]  *Please fill in sections A, B, C.*  |  |
|  | Project Specific New Collection [ ]  *Please fill in sections A, B.*  |  |
|  | Direct Study Collection [ ]  *Please fill in sections A, B.*  |  |
|  | Sample Deposit [ ]  *Please fill in sections A, D.*  |  |
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| SECTION A – INVESTIGATOR/COMPANY DETAILS |
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|  | Are you a:  |  |
|  | Internal Cardiff University Academic/Cardiff University Honorary contract holder [ ]   |  |
|  | External Researcher [ ]   |  |
|  | Commercial Company [ ]   |  |
|  | Not-for-Profit Company [ ]   |  |
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|  | Principal Investigator/Company Details |  |
|  | Title: | . | Name: |  |  |
|  | Position: |  | Employer: |  |  |
|  | Address: |  |  |
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|  | Email: |  | Telephone: |  |  |
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| SECTION B – PROJECT DETAILS |

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|  | Does your project involve any of the following?  |  |  |  |  |  |
|  | Animal Research  | [ ]  | Genetic Research | [ ]  | Commercial Partners | [ ]  |  |  |
|  | Outsourcing to a commercial company | [ ]  |  |  |  |  |
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|  | What is the purpose of your research? |  |  |  |  |  |
|  | Drug discovery | [ ]  | Population research | [ ]  | Genetic research | [ ]  | Cosmetic research | [ ]  |  |
|  | Cloning | [ ]  | Tobacco research  | [ ]  | Human Application (ATMPs) | [ ]  | Stem cells for treatment | [ ]  |  |
|  | Medical product testing | [ ]  | Consumer product testing | [ ]  | Fundamental scientific research | [ ]  |  |  |
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|  | What is the area of your proposed research? |  |  |  |  |  |
|  | Infectious and parasitic diseases | [ ]  | Cancer | [ ]  | Blood and immune diseases | [ ]  |  |  |
|  | Endocrine, nutritional and metabolic diseases   | [ ]  | Mental Health Disorders | [ ]  |  |  |  |
|  | Nervous system diseases | [ ]  | Eye diseases | [ ]  | Ear diseases | [ ]  | Circulatory system diseases | [ ]  |  |
|  | Respiratory System diseases | [ ]  | Digestive system diseases | [ ]  | Skin diseases | [ ]  |  |  |  |
|  | Musculoskeletal diseases | [ ]  | Genitourinary diseases | [ ]  | Pregnancy and childbirth | [ ]  |  |  |
|  | Perinatal period diseases | [ ]  | Congenital diseases | [ ]  |  |  |  |  |
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| SECTION C – STORED & FRESH SAMPLES |
|  |  |  |  |  |  |  |
|  | *(Please append a list of Samples identified on the CUB database to this Application. If you require Fresh Samples, please provide details of the Samples required below)* |  |
|  | Type and volume of Sample required: |  |
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|  | No. of each Sample required: |  |
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| SECTION D – SAMPLE DEPOSIT |
|  |  |  |  |  |  |  |
|  | *(Please append a list of the Samples to be deposited into the CUB)* |  |
|  | Does your consent allow subsequent usage and distribution? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |
|  | Are there any restrictions on your consent? | Yes |[ ]  No |[ ]   |
|  |  |  |  |  |  |  |
|  | What restrictions are on your consent? |  |
|  | No animal use | [ ]  | No commercial use | [ ]  | No genetic research | [ ]  |  |  |
|  | Research area specific | [ ]  | *Please detail:* |  |  |
|  | Other | [ ]  | *Please detail:* |  |  |
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|  | Principal Investigators |  |
|  | Signature: |  |
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|  | Date: |  |
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