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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: | | |  | | | |  |
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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 | | | | | | | | | | | | | | | | | | |
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|  | *(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 | | | | | | | | | | | | | | | | | | |
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|  | *(Please append a list of the Samples to be deposited into the CUB)* | | | | | | | | | | | | | | | | |  |
|  | Does your consent allow subsequent usage and distribution? | | | | | | | | | | | | | Yes |  | No |  |  |
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|  | Are there any restrictions on your consent? | | | | | | | | | | | | | Yes |  | No |  |  |
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|  | 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 |  |
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