**netCADBlood4Research Product Application Form**

|  |
| --- |
| **Internal Use Only** |
| Application #: | Click or tap here to enter text. |
| CBS B4R Products: | Choose an item. |
| CBS Expired / Surplus Products: | Choose an item. |
| Products for Education Use Only: | Choose an item. |
| Products for Quality Control Use Only: | Choose an item. |

***Prior to completing this form, please read the information on page 5/6 and our REB guidelines (please download from our website)***

**Anticipated Start Date:** Click or tap to enter a date.

**Anticipated End Date:** Click or tap to enter a date.

**Project Lay Title**

*Fewer than 10 words; Title needs to be understood by netCAD Blood4Research donors*

|  |
| --- |
| Click or tap here to enter text. |

**Principal Investigator**

|  |  |
| --- | --- |
| **Last Name** | Click or tap here to enter text. |
| **First Name** | Click or tap here to enter text. |
| **Organization** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Shipping Address** | Click or tap here to enter text. |
| **FedEx Account Number** | Click or tap here to enter text. |

**Co-Investigator(s)**

|  |  |
| --- | --- |
| **Last Name** | Click or tap here to enter text. |
| **First Name** | Click or tap here to enter text. |
| **Organization** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |

**Contact Person(s)**

|  |  |
| --- | --- |
| **Last Name** | Click or tap here to enter text. |
| **First Name** | Click or tap here to enter text. |
| **Organization** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Last Name** | Click or tap here to enter text. |
| **First Name** | Click or tap here to enter text. |
| **Organization** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |

**Alignment with Canadian Blood Services Mandate**

*(the box contains a drop-down list – choose the one that best fits your project;* ***see page 5 for Mandate***

Choose an item.

**Type of Organization** *(the box contains a drop-down list – choose the one that best fits your project)*

Choose an item.

**Project Funding**

|  |  |
| --- | --- |
| **Funding Type***(drop down list)* | **Name of Funder** |
| Choose an item. | Click or tap here to enter text. |

|  |
| --- |
| **Project Lay Summary** *Please use clear and simple language (max 300 words); this summary will be posted on the website and made available for our blood donors*  |
| Click or tap here to enter text. |
| **Additional information, including “How will answering the question help Canadian Blood Services?”**Click or tap here to enter text.**Potential for incidental findings:** Include assessment of the likelihood of the study revealing unexpected information that could be important to the health of the donor.Click or tap here to enter text.**Publication/Dissemination of Results:** Indicate how the results will be communicated to participants and other stakeholders (e.g., advocacy groups, scientific community)Click or tap here to enter text. |

**Research Ethics Information**

netCAD Blood4Research Applications are submitted to the Canadian Blood Services for REB Expedited Review if the project has approval by an academic or commercial Research Ethics Board (REB). Please ***attach*** ***a copy of your institution’s REB approval letter****.*

|  |  |
| --- | --- |
| Date of REB Approval (*yyyy/mm/dd*): | Click or tap to enter a date. |
| Name of REB: | Click or tap here to enter text. |
| REB Application Number: | Click or tap here to enter text. |
| Have there been any changes to the project since approval? | Choose an item. |
| If yes, please provide a description of the changes or required deviations from the ***netCAD REB Guidelines***: |
| Click or tap here to enter text. |

**Use of Animals**

**Will the donated blood be used in this project in research involving animals?** Choose an item.

If Yes, please identify:

Canadian Council on Animal Care Accredited Animal Care Committee that will oversee this use of animals.

Click or tap here to enter text.

|  |  |
| --- | --- |
| CCAC Approval # | Date Approved |
| Click or tap here to enter text. | Click or tap to enter a date. |

**Products Requested** *(see Product description and cost on* ***page 6****)*

|  |  |
| --- | --- |
| **Product** | Choose an item. |
| **# of Products** | Click or tap here to enter text. |
| **Frequency of Request** | Choose an item. |
| **Total # Products** | Click or tap here to enter text. |
| **Special Instructions**  *e.g. donor criteria (blood group, gender etc); length of tail, etc* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Product** | Choose an item. |
| **# of Products** | Click or tap here to enter text. |
| **Frequency of Request** | Choose an item. |
| **Total # Products** | Click or tap here to enter text. |
| **Special Instructions**  *e.g. donor criteria (blood group, gender etc); length of tail, etc* | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Product** | Choose an item. |
| **# of Products** | Click or tap here to enter text. |
| **Frequency of Request** | Choose an item. |
| **Total # Products** | Click or tap here to enter text. |
| **Special Instructions**  *e.g. donor criteria (blood group, gender etc); length of tail, etc* | Click or tap here to enter text. |

**Principal Investigator Certification**

I declare that all of the information provided in this application is accurate and complete to the best of my knowledge and I agree to accept responsibility for the scientific conduct of the proposed research study.

I declare that I have read and understood the Canadian Blood Services Blood for Research REB Guidelines.

|  |
| --- |
| Name: |
| Signature: | Date: (yyyy-mm-dd) |

**Product Application Information**

Blood components are available from the Canadian Blood Services Centre for Innovation netCAD Blood4Research Facility.

* Any researcher can apply; however Canadian Blood Services projects have priority for the products at our Blood4Research Facility over any other organization.
* The time for application review and approval varies on the number of Canadian Blood Services projects currently underway.
* If you do not have an institution that provides REB review, you must also submit a full REB application (available on request from blood4research@blood.ca)
* Please note that products will be distributed untested for HIV, HTLV, Hepatitis B, or Hepatitis C; any positive test results will be provided as we receive them
* Shipping boxes will be assigned to you and must be returned to our facility before your next product will be shipped

**Canadian Blood Services Mandate**

Canadian Blood Services is committed to advancing transfusion science and organ transplantation in Canada. Transfusion science can be defined as the study of all aspects of blood transfusion including but not limited to research on the social and humanitarian aspects of voluntary blood donation, the preparation and storage of blood products for transfusion, the development of substitutes to replace donor-derived blood products, the effects of blood transfusions on the recipient, blood safety, the clinical utilization of blood and conservation practices, the biology of plasma proteins, blood cells and stem cells used for the treatment of disease, and the health outcomes and health policy research related to blood products. Through sponsored internal and external research and development, training of highly qualified people, and provision of blood products for transfusion science and transplantation research, Canadian Blood Services is fostering an innovative scientific community in Canada.

**Product Descriptions, Amounts and Cost for Academic Researchers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Description** | **Amount** | **Academic Cost\*** |
| **Buffy Coat**  | Concentrated white cells and platelets in a small number of red cells and plasma | ~50 ml | $96 |
| **Buffy Coat, Pooled Residual** | Concentrated white cells from four donors in a small number of red cells and plasma | ~90 ml | $212 |
| **Leukoreduction Chamber** | White blood cell collection chamber from one apheresis donor | 1 chamber | $200 |
| **Leukoreduction Filter** | White blood cells from filtering a red cell unit | 1 filter | $96 |
| **Plasma** | Plasma resulting from centrifugation of a whole blood unit | ~300 ml | $96 |
| **Platelets, Apheresis** | Platelets in plasma from one apheresis donor | ~250 ml | $300 |
| **Platelets, Pooled** | Platelets in plasma from pooling four donor buffy coats and one plasma with white blood cells and red blood cells removed | ~280 ml | $212 |
| **Red Cells** | Red Cell Concentrate resulting from centrifugation of a whole blood unit | ~280 ml | $96 |
| **Specimen Tube** | One blood tube taken before donation | 5-10 ml | $5 |
| **Whole Blood Unit** | One whole blood unit taken from the donor; no processing is performed | 500 ml | $432 |
| *\*For industry pricing, please contact Blood4Research@blood.ca**\*For projects funded by Canadian Blood Services, there is no charge for products* |