

Application #:
Date rec'vd (yyyy/mm/dd):
Project Title:

Request for Cord Blood Products for Research Application Form

Prior to completing this form, please read the application guidelines under the
"For Researchers" section of www.blood.ca/researchcordblood

Section 1: Research Project Information

(To be completed by Principal Investigator)

1.1 Project Title

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1.2 Principal Investigator

Principal Investigator Information <i>(i.e., the researcher requesting cord blood products to complete the research project and who is responsible for managing the project and for reporting progress to the Program)</i>	
Last Name	
First Name	
Organization	
Department	
Street Address	
City, Province	
Postal Code	
Phone	
E-mail	
FAX	

Contact person for the project <i>(i.e., a Principal Investigator delegate to whom project correspondence should be directed if not the Principal Investigator)</i>	
Last Name	
First Name	
Phone	
E-mail	
FAX	

Application #:

Date rec'vd (yyyy/mm/dd):

Project Title:



1.3 Organization/Research Institution Information

The research project will be conducted in the research laboratory of the Principal Investigator located at *(please provide the name of the organization/research institution)*:

Identify the type of organization/research institution the research laboratory is associated with *(please check the one description that applies)*:

<input type="checkbox"/>	An academic institution	<input type="checkbox"/>	A private industry institution
<input type="checkbox"/>	A Canadian Blood Services research laboratory	<input type="checkbox"/>	An Ottawa Hospital Research Institute research laboratory
<input type="checkbox"/>	A government institution	<input type="checkbox"/>	Other, Please specify:

1.4 Co-Investigator(s)

(i.e., researchers identified on the research project funding application but not requesting cord blood products for research. In the event that the project co-investigator needs to have whole cord blood products shipped to them, the co-investigator will need to submit a separate application form as the principal investigator).

Co-Investigator Information		
First, Last Name		
Organization		
Department		
City, Province		
Phone		
E-mail		
Will research samples derived from the cord blood be distributed to this co-investigator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details below as to what samples and what sample information will be distributed for what purpose.		

Application #:

Date rec'vd (yyyy/mm/dd):

Project Title:



1.5 Project Summary

Provide a detailed summary for the research project, indicating the rationale, the hypothesis or research question, the significance of the study (i.e., overall anticipated public and/or scientific benefit), the primary outcomes/goals of the study, and a short explanation of how the research aligns with the goals of the Cord Blood for Research Program. Refer to Program goals outlined in Section 1.7 (maximum of 300 words).

Application #:

Date rec'vd (yyyy/mm/dd):

Project Title:

1.6 Lay Project Summary for the Public

Provide a summary of the research project in **lay terms** (maximum of 150 words). Please note that, if the project is approved, **this lay summary will be published on Canadian Blood Services' website to inform potential donors about the research that is supported by the Cord Blood for Research Program.**

1.7 Project Alignment to the Goals of the Cord Blood for Research Program

Of the following three possible research outcomes please indicate which best reflects the expected outcome for your research project:

<input type="checkbox"/>	Research outcomes may benefit cell transplantation medicine including hematopoietic progenitor cell transplantation practices and cord blood banking practices (e.g., improvements in clinical outcomes of cellular transplantation, development of new cord blood cellular therapies, improvements to stem cell collection, manufacturing and storage).
<input type="checkbox"/>	Research outcomes may benefit transfusion medicine practices.
<input type="checkbox"/>	There is no direct benefit to either cell transplantation or transfusion practices.

Application #:

Date rec'vd (yyyy/mm/dd):

Project Title:



1.8 Project Funding

Please identify type and source of funding for the research project		
<input type="checkbox"/> Peer-reviewed funding	<input type="checkbox"/> Non peer-reviewed funding	<input type="checkbox"/> No funding
Name Agency(ies)/Organization(s) providing funding (e.g., CIHR, CBS) as applicable:		
Indicate funding period:	Start date (yyyy/mm/dd):	
	End date (yyyy/mm/dd):	

1.9 Cord Blood Products Requested for the Project

<p>Currently, the Cord Blood for Research Program distributes fresh whole cord blood units (see product specifications at www.blood.ca/researchcordblood under the “For Researchers” section) at the cost of \$100 CAD (plus shipping fees) per whole cord blood unit for projects conducted within an academic/not-for-profit/government research institution and at the cost of \$300 CAD (plus shipping fees) per whole cord blood unit for projects conducted within a private industry research institution. Cord blood designated for research are distributed to approved research projects for a fee in order to recover some of the costs incurred by the Program. Please indicate:</p>	
Total number of cord blood products requested for the project:	
Anticipated delivery schedule, if applicable (i.e., # of products per month):	
Intended start date of product delivery (yyyy/mm/dd):	
Provide a rationale for the number of products required to complete the project:	
<p>Indicate if there are any requirements for the cord blood products. (Note: additional product specifications may impact the ability of the Cord Blood for Research Program to approve the application).</p>	

Application #:

Date rec'vd (yyyy/mm/dd):

Project Title:



1.10 Billing Information

Please note: Canadian Blood Services cannot accept payment by credit card.

<i>Customer Information for invoicing purposes if different from Principal Investigator identified in Section 1.2</i>	
First, Last Name	
Organization	
Department	
Address	
City, Province,	
Postal Code	
Phone	
E-mail	
Fax	

1.11 Shipping Information

<i>If different from Principal Investigator identified in Section 1.2, identify the person who would be contacted regarding shipment and receipt of cord blood products and the shipping address</i>	
First, Last Name	
Organization	
Address	
City, Province	
Postal Code	
Phone	
E-mail	
Fax	

Application #:

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Project Title:



Section 2: Research Ethics Information

(To be completed by Principal Investigator)

2.1 Research Ethics Review

To be approved by the Cord Blood for Research Program, a research project must have secured approval by an academic or commercial Research Ethics Board (REB).

(Not applicable for CBS scientists)

IMPORTANT NOTE: A copy of the approved REB application and responses from the REB (or equivalent) concerning this project must be submitted with this Application Form.

Date of approval by REB (or equivalent) (yyyy/mm/dd):		
Name of REB (or equivalent):		
REB Application Identifier:		
Have there been any changes to the project since the original submission and approval by the REB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide description of the changes:		

2.2 Stem Cell Oversight Committee (SCOC) Review

a) Is the research project conducted under the auspices of a Tri-Council Agency-funded institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Does the research project involve the derivation of pluripotent stem cells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to both a) and b): Was project approval granted from the SCOC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to SCOC approval, provide date (yyyy/mm/dd) and attach a copy of approval letter including SCOC responses:		
If no to SCOC approval, provide submission date (yyyy/mm/dd):		
Has the research project changed in design since the original approval/submission to SCOC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the changes:		

Application #:
Date rec'vd (yyyy/mm/dd):
Project Title:



Section 3: Principal Investigator Certification

(To be completed by Principal Investigator)

3.1 Understanding of Research Consent

I, the Principal Investigator on this project, certify that I have read and understood the CBS documents known as “Permission to Collect” and “Information Pamphlet for Biomedical Research.” Please contact us at researchcordblood@blood.ca to obtain a copy of the documents.

Print First, Last Name	
Version # of the “Permission to Collect” form read <i>(version # is the date located at the bottom left corner of the document)</i>	
Version # of the “Information for Cord Blood Donation for Biomedical Research” Pamphlet read <i>(version # is the date located at the bottom left corner of the document)</i>	
Signature	
Date	

3.2 Project Application

By submitting this application, I, the Principal Investigator on this project, certify 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:

Print First, Last Name	
Signature	
Date	

Application #:
 Date rec'vd (yyyy/mm/dd):
 Project Title:



Section 4: Canadian Blood Services Application Review

(To be completed by Canadian Blood Services)

4.1 Pre-Approval Review

Cord Blood for Research Program Reviewer or Designate						
Pre- approval requirements complete?	REB:	<input type="checkbox"/> Yes	SCOC:	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		
Pre- Approval Scores		Criterion 1		Criterion 2		Criterion 3
Application is:	<input type="checkbox"/> Pre-Approved		<input type="checkbox"/> Not Approved			
Comments:						
Signature						
Date						

Application #:
Date rec'vd (yyyy/mm/dd):
Project Title:



4.2 Authorization

Chief Medical and Scientific Officer	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments:	
Signature	
Date	

4.3 Final Approval

Cord Blood for Research Program Reviewer or Designate		
Final Approval Requirements	CBS REB approval obtained: <input type="checkbox"/> Yes	MTA executed: <input type="checkbox"/> Yes
Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments:		
Signature		
Date		