

## Application to request Institute of Environmental Science and Research (ESR) COVID-19 Biobank (Kohikohinga Taonga Kowheori) Samples

Note: Before completing this application contact the [COVID-19 Biobank](#) to confirm samples are available. You will be required to organise and cover costs of delivery of samples to your organisation.

### 1. Applicant details:

Principle Investigator details	
Name:	
Current position or appointment:	
Institution and department:	

Co-investigator details	
Name:	
Current position or appointment:	
Institution and department:	

Co-investigator details	
Name:	
Current position or appointment:	
Institution and department:	

<b>Investigator experience.</b> Briefly explain your research and professional experience.
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## 2. Project Information

<b>Project details</b>	
Title of the project:	
Project start date:	
Project end date:	
Location where the project will be undertaken:	
<b>Approvals</b>	
Do you have ethics committee approval to undertake this project?	<input type="checkbox"/> YES (please attach ethics committee approval letter) <input type="checkbox"/> NO
Is this project funded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If it is unfunded, has the project been peer reviewed?	<input type="checkbox"/> YES (please name reviewer): <input type="checkbox"/> NO

**Funding status of the project.** *Provide details of secured or pending funding for this project. Please attach approval letters for secured funding or grants for this project.*

**Project description.** *Provide a brief description or protocol for the project.*

**Background and rationale for the study:**

**Methods to be used on the requested COVID-19 Biobank samples:**

### 3. Research Impact

How does the project support New Zealand's health authorities and researchers in COVID-19 disease control response?

How will your research or testing contribute to reducing health inequalities and inequities in Aotearoa New Zealand?

### 4. Relevance to Māori

How does your research project have direct or indirect health benefits for Māori?

Explain the level of engagement, participation, and leadership involvement your research has with Māori people and partners.

Do you foresee cultural issues or implications that may arise for Māori involved in your research? Explain how you will manage these issues.

## 6. Data privacy and communication

What are your plans for communication and impact?

How do you plan to address data storage and privacy, including if and how data will be made public?

## 7. Storage and experience in handling samples including virus

Provide laboratory credentials

Where will the research including analyses be performed (list addresses/locations excluding home addresses)?

How will you ensure adequate storage of samples and the location of samples is well documented and traceable?

Will you be propagating the sample in anyway (i.e. viral cell culture or viral expansion)? If so, do you have a PC3 facility or equivalent?

## 8. Tissue Sample Request

Describe the samples you are requesting from the COVID-19 biobank. If requesting multiple samples, attach additional completed tissue sample requests with your application.

<b>Sample Request:</b>	
Sample type (saliva, plasma, serum etc.):	
Volume (mL):	
Quantity of samples:	
Please provide sample number calculations to justify the request (if applicable):	
Do you require associated clinical data for each sample (ethnics approval is required for requested identifiable information)	<input type="checkbox"/> YES (Please provide details below) <input type="checkbox"/> NO
If yes to the above question, provide HDEC approval reference	

## 9. Sample Logistics

The COVID-19 Biobank requests you disclose requests to other tissue banks for this project.

Have you or will you be applying for samples from any other tissue banks for this project?

- NO  
 YES - Provide details here:

Sample delivery information	
Name of contact:	
Person for delivery:	
Contact person phone number:	
Days of week and hours of operation available for courier delivery:	
Exact delivery address to be used by courier:	
Do you currently have arrangements for delivery of samples from ESR?	

## 10. ESR's Terms and Conditions for use of ESR COVID-19 Biobank samples

Submit with this application a signed copy of ESR's Term and Conditions for use of ESR COVID-19 Biobank samples, acknowledging you have read, understood and agree with the terms and conditions for sample use.

## 11. Sign Application

**Applicant:**

**Full Name (printed):**

**Date:** DD/MMM/YYYY

**Signature**

**Principal Investigator:**

**Full Name (printed):**

**Date:** DD/MMM/YYYY

**Signature**

## 12. Checklist

- Completed and signed the application form
- Funding available to complete research
- Approval letter(s) for secured funding/grant(s) attached
- Ethics Committee approval letter attached (if applicable)
- ESR's Terms and conditions for use of covid-19 biobank sample read and signed

## HOW TO SUBMIT THE APPLICATION FORM

**Email the completed application form to:**

Biobank Manager

ESR's Covid-19 Biobank

[covid19.colletion@esr.cri.nz](mailto:covid19.colletion@esr.cri.nz)

Use subject line: ESR Covid-19 Biobank Researcher Application for review