

The National Muscle Disease Bio-databank (NMDB.)

Application Form for Samples and Data.

Please discuss your request with the Ms Emily Galea: Emily.Galea@mcri.edu.au before filling in the application form.

1. Researcher Details

Principal Investigator:

Name: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

Department, Institution and Contact Details:

Department: [Click here to enter text.](#)

Institution: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Contact Details for all enquires (if PI write 'as above'):

Name: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

2. Associate Investigators

All associate investigators that will be handling the sample must be listed here and must be named on the Human Research Ethics approval.

Title & Name	Institution	Position

3. Ethics Approval

Please attach a copy of the Human Research Ethic Committee (HREC) Approval Letter/s, any amendment approval/s and a copy of your HREC submission.

HREC Institution:

Ethics Approval Number: [Click here to enter text.](#)

Ethics Approval Date: [Click here to enter text.](#)

Ethics Expiry Date: [Click here to enter text.](#)

4. Project Funding

Details: [Click here to enter text.](#)

5. Project Information

Please attach a 1-to-2-page outline of the project including aim, hypothesis and methodology. Please also provide a lay paragraph below of the project which will be used for NMDB promotional purposes such as information the public through newsletters and website articles.

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6. Proposed timeframe of project

Commencement date: [Click here to enter text.](#) Completion date: [Click here to enter text.](#)

7. Please indicate the sample format required for your project.

Whole blood

Skin Fibroblasts

PBMC

Induced Pluripotent Stem Cells

FFPE Tissue

Urine

8. Justification of the number and type of samples requested.

9. Clinical information

Is clinical information for this project required? YES NO

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If yes, outline the type of clinical information:

Demographics

Family history

Age at consent

Age at onset

Length of illness

Ambulatory status

Genetic diagnosis

Treatment

Response to treatment

Follow-up and outcome data

Other

If other, please specify: [Click here to enter text.](#)

Justification of clinical information requested.

10. Cost Schedule

If applicable, following submission of this application the Coordinator will be in contact with costing details.

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11. Checklist

- Complete Application Form
- Principal Investigator CV attached
- 1-to-2-page outline of the project
- HREC Approval Letter
- Read the 'Access Policy for NMDB Use'?

12. Agreement Statement and Signatures

By signing this document, I confirm that:

1. The information in this application is correct in all the details provided.
2. I have read and will comply with the 'Conditions of Use.'

Signature of Principal Investigator:

Full Name: [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

13. How to Submit

Please email the completed application to:

Ms Emily Galea
Registered Nurse and Project Manager
e: Emily.Galea@mcri.edu.au
t: 03 9936 6626

Your application will then be submitted to the NDMB Access Committee for assessment.

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