



BC Children's Hospital BioBank (BCCHB) Utilization Form

For General BCCHB applications

REB #:		
Principal Investigator:		
Study Title:		
My application to the BCCHB for samples has been approved	YES	NO
Date of BCCHB approval:		

Sign off by BCCHB Administrative Manager _____

For PI driven studies requesting services from the BCCHB

REB #:		
Principal Investigator:		
Study Title:		
The BCCHB is aware that I propose to use their services as in the above REB protocol	YES	NO
If applicable, there a detailed governance structure in place for this biobank?	YES	NO
An agreement between the PI and the BCCHB has been drafted for this project	YES	NO

Sign off by BCCHB Administrative Manager _____