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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_