

C-OPN: Material Request Form

(Please fill out this online form, attach the requested documents, and email to: national.manager@copn-rpco.ca)

Requestor Name:	
Are you a C-OPN Member?	
Request Date: (yyyy-mm-dd)	
Institution/Organization/Community	
Affiliation	
Principle Investigator:	
Project Title:	
REB Ethics ID:	

Project Purpose/Objective: give a general explanation of the research project and how the data requested is needed for the project.

Inclusion/Exclusion Criteria:

Type of Material Requested:	<input type="checkbox"/> DNA	<input type="checkbox"/> Serum	<input type="checkbox"/> PBMC	<input type="checkbox"/> Plasma
For how many Participants:				
Amount per Participant (ml or µl):				

Documents to be provided with request form (if available):

- ☐ Copy of Ethics Approval Certificate
☐ Copy of Biosafety Level 2 Certificate

FOR OFFICE USE ONLY	
C-OPN Review Committee	
Access Checklist: <input type="checkbox"/> Personal credentials were verified <input type="checkbox"/> Project has substantial scientific merit <input type="checkbox"/> Proof of appropriate ethics approval for the project (if needed) <input type="checkbox"/> Provided an informed consent form (if needed)	
<input type="checkbox"/> I approve this request.	<input type="checkbox"/> *I do not approve this request.
Approver's Name:	
Approver's Signature:	
Approval Date: (yyyy-mm-dd)	
* Reason:	
Request Number	