**MYOBANK – AFM**

**Institut de Myologie**

Hôpital Pitié-Salpêtrière

Plateforme de Ressources Biologiques

Bât Babinski, 83 Bd de l’hôpital-75013 PARIS

Tél : 01-42-17-74-63 / 7506

Port : 06-60-32-08-36

e-mail : myobank-afm@institut-myologie.org

**LABORATORY**

**Name of laboratory :**

**Director :**

**Address :**

**Town :**

**Country :**

**Phone number :**

**e-Mail :**

**Contact person (for research samples):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY NAME** | **FIRST NAME** | **MOBILE** | **PHONE NUMBER** | **E-MAIL** |
|  |  |  |  |  |
|  |  |  |  |  |

**RESEARCH SUBJECT**

**Funded by AFM:** [ ] Yes[ ] No

**Title :**

Does your research project include the study of genetic characteristics? [ ] Yes[ ] No

Do you have approval for your research project from :

Your local ethic committee [ ]  Other authority [ ]

(Please specify which one in the comments section below)

**Comments**:

**SERVICES**

Demand for biological resources [ ]

Storage of a collection [ ]  Expected duration : Quantity or volume :

Storage of duplicate collection [ ]  Expected duration : Quantity or volume  :

Collection and specific services [ ]

Logistic Transport [ ]

**Comments :**

**REQUESTED BIOLOGICAL RESOURCES**

**Pathological:**

Tissues (if muscle, please specify which one) / Fluids (please specify which) / Cells (please specify which one) / Lines:

Age**:**

Child or young adult < 20 years old [ ]  required number of pathological samples:

Adult [ ]  required number of pathological samples:

Approximate weight or volume required for a sample:

**Control:**

Tissues (if muscle, please specify which one) / Fluids (please specify which one) / Cells (please specify which one) / Lines :

Age**:**

Child or young adult < 20 years old [ ]  required number of control samples:

Adult [ ]  required number of control samples:

Approximate weight or volume required for a sample:

**Preparation:**

 **Tissues:**  at 4°C [ ]  Dry [ ]  Culture medium [ ]

 Other conditioning medium:

 **Frozen Tissues**: [ ]

Liquid nitrogen [ ]

 Isopentane cooled with liquid nitrogen [ ]

 Cryoconservation cell for cell culture [ ]

 RNA Later for specific studies of RNA [ ]

 **Primary cultures**: [ ]  Myoblasts [ ]  Fibroblasts [ ]

 Flasks [ ]  Frozen [ ]

 Quantity:

 **Lines:** [ ]  Name of line(s):

 **Fluids:** [ ]  Serum [ ]  Plasma [ ]  Other [ ]  :

 **Others:**

**Techniques that you are going to use with the tissue samples** (your answers will guide the sampling, storage and shipping conditions):

**Comments:**

*Note: to find out what biological resources are available, please contact Myobank-AFM of the Institute of Myology:* *myobank-afm@institut-myologie.org*

# COLLABORATION AGREEMENT

I have read the “Charte de la Myobank-AFM de l’Institut de Myologie”.

I agree

 to respect the French and European legislation in force for the use of biological samples within the framework of scientific research,

 to use the tissue only for the scientific research purposes listed in my request,

 to neither give nor loan the samples obtained from the Myobank-AFM to any third party for a research purpose which is different from that listed in my request,

 not to use the tissues obtained or their derivatives for profit,

 to respond to the questionnaire sent annually by Myobank-AFM concerning the progress of your work, your published articles and web-quality satisfaction index,

 to inform the Myobank-AFM at the end of the research project in order to organize the return of the samples or their destruction,

 to inform the Myobank-AFM of all publications that include samples obtained from the Myobank-AFM

 to quote the Myobank-AFM of the Institut de Myologie and, as the case may be, the associated collaborators, in the acknowledgements section of the relevant publications.

I understand that the Myobank-AFM cannot guarantee the sanitary and safety conditions of the samples, and that it is necessary to follow good laboratory practice in the manipulation of biological resources.

I am informed that, unless I indicate otherwise, some personal data (such as my name, my contact information...) will be entered into a computer file. I understand that I have an access right to this information at all times upon request to the Myobank-AFM, as well as the rights of communication and rectification, in conformity with the Law of 6 January 1978 relating to Information Technology, Files and Civil Liberties in its last version and in accordance with the General Regulations on Data Protection (GRDP) by contacting MYOBANK-AFM.

 **Name :**

 **Date :**

 **Signature :**

**PROJECT OUTLINE**

**Principal investigator:**

**Date:**

**Summary of research program**

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| --- |
|   |

**Key Words**

Subjects :

Pathologies :

Organs :

Cells :

Molecules :

Others :

**List of principal publications of the research group**

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| --- |
|  |