**APPLICATION TO THE SCIENTIFIC ADVISORY COMMITTEE OF THE INSTITUTE OF GENOMICS OF THE UNIVERSITY OF TARTU, ESTONIAN BIOBANK**

|  |  |
| --- | --- |
| **1. Name of the study** | |
|  | |
| **2. The main purpose of the study, rationale for the planned study and research questions and / or hypotheses (up to 3600 characters 2 pages)** | |
|  | |
| **3. Principal investigator and his/her contact details** | |
| **Given name(s):**  **Last name:**  **Position:**  **Institution:**  **Phone:**  **e-mail:** | |
| **4. Financing of the study** | |
| **Sources of funding** |  |
| **Total cost of the study (amount)** |  |
| **5. Study period (the beginning and end dates (MM/YYYY))** | |
|  | |
| **16. Research methodology and data to be obtained from the Estonian Biobank (phenotypes, genotypes, ICD-10 codes, etc.) (up to 1800 characters, 1 page)** | |
|  | |
| **17. Study sample and description of recruitment method.** | |
| **Sample size, inclusion of control groups** |  |
| **How and from whom are the subjects selected (sampling frame)? What are inclusion or exclusion criteria of subjects?** |  |
| **Interventions and their attendant burden on the subject (methods of contact, number of visits, type and number of examinations, repetition of sending invitations, etc.)** |  |
| **18. Issuing of tissue samples (RNA, DNA, plasma etc)** | | |
| **The number of gene donors whose tissue samples will be issued and the types of tissue samples to be issued** |  | |
| **The amount of tissue sample to be issued per one gene donor** |  | |
| **The entity to whom tissue samples will be issued (country, institution, address)?** |  | |
| **Signature of the principal investigator** | **Date of application** |
| **The Decision of the Scientific Advisory Committee** | |
|  | |