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

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| **1. Name of the study**  |
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| **2. The main purpose of the study, rationale for the planned study and research questions and / or hypotheses (up to 3600 characters 2 pages)**  |
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| **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))** |
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| **16. Research methodology and data to be obtained from the Estonian Biobank (phenotypes, genotypes, ICD-10 codes, etc.) (up to 1800 characters, 1 page)** |
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| **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** |
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