**Customer Requirement Form**

Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document gathers key information regarding your proposed Project/Study – the information captured will be used to support project planning and generate project scope documentation.

Please provide as much information as possible.

If a question is not applicable, enter ‘N/A’ into the space provided.

|  |  |
| --- | --- |
| 1. **Contact Details** | **Response** |
| Customer Name: |  |
| Customer Address:  E-mail Address: |  |
| 1. **Title/Aim of Project/Study** | **Response** |
| Title of Project: |  |
| Please provide information detailing the overall outcome of the study and the PMC’s key deliverables: |  |
| 1. **Sample Collection/Sourcing** | **Response** |
| Will you/have you sourced samples for this study? | YES  NO  N/A  *(If* *YES please complete Sections 4 to 7)*  *(If NO please complete Sections 5 to 8)* |
| Does this project/study involve HTA relevant material? | YES  NO |
| 1. **Sample Specific Information** | **Response** |
| Total number of samples expected in the project: |  |
| Format of samples to be received (include sample types, storage temperatures and tube/plate types where applicable): |  |
| Expected date for receipt of first sample(s): |  |
| Expected sample batch size and frequency of deliveries: |  |
| What would the sponsor like the PMC to do with any remaining sample material/derivatives? | RETURN  DISPOSAL |
| Please provide the ethical approval number for the study or if not required, explain why: |  |
| Is the origin of the sample material outside England, Wales or Northern Ireland? | YES  NO |
| Is there appropriate donor consent in place for the transfer and use of the samples by the PMC  If no, explain why: | YES  NO |
| 1. **Methodology** | **Response** |
| Will the PMC be provided with instructions regarding specific processing requirements or will the PMC develop these procedures internally? |  |
| If applicable, list all key equipment/reagents that are required to perform testing of samples received as part of this study: |  |
| 1. **Estimated Project Timelines** | **Response** |
| Provide details regarding the proposed project timelines:  Is there a specific sample testing turnaround time?  Is there a defined project start and end date? |  |
| 1. **Reporting and Data Storage** | **Response** |
| Provide details regarding the reporting requirements for this study:  What type of data is being generated?  How should the data be reported/transferred to the sponsor? |  |
| Does this project involve analysis of data by the PMC prior to reporting? |  |
| Provide details, where possible, regarding reporting workflows including whether templates already exist or require generation, methodology of reporting and to whom reports should be addressed: |  |
| **Additional Information**  *Please expand this section to capture any additional information relating to this project/study, or attach information where necessary* | |
| 1. **Northern Ireland Biobank (if applicable)** | **Response** |
| If you require human tissue samples for your study, would you like the PMC to investigate if these can be obtained from the Northern Ireland Biobank (NIB)?  If YES  Please provide numbers and types of samples required: | YES\*  NO |
| *\*Please note that if samples are obtained through the NIB the following terms and conditions apply:*   1. *Royalty free, non-exclusive licence to use the results for academic and research purposes which must be sub-licensable to the providing Health and Social Care Trust.* 2. *Return of any unused Material at the request of Queen’s University Belfast.* 3. *Acknowledgement of NIB in any academic outputs.* 4. *The Customer cannot sell or transfer the Material to any third parties without the prior written permission of NIB.* | |
| *For INTERNAL USE only*  *Authorisation of Import:* | |