

CRYOARKS SAMPLE USE REQUEST FORM

Thank you for your interest in using the CryoArks biological resources. CryoArks is a UK partnership of zoological biobanks that maintain frozen collections of animal genetic material to be used responsibly and sustainably in a wide range of applications that will further research knowledge and contribute to species conservation. Our core facilities are located in London at the Natural History Museum and in Edinburgh at the National Museums Scotland and the Royal Zoological Society of Scotland's Edinburgh Zoo (UK hub of the EAZA Biobank).

To enable us to consider your request for sample(s), we request you complete the application form below. Please include as much detail as possible within the word limit.

Please return this form via email: enquiries@cryoarks.org or complete the online version available on our website: www.cryoarks.org.

By filling this form and providing your contact information, you acknowledge and accept that this information may be shared with relevant parties associated with this request (e.g. for evaluation purposes and processing of request if successful). You may also be contacted regarding requested sample(s) and their use thereof by the CryoArks team or sample owner institutions. For more details on how we use personal data please read our privacy policy: <https://www.cryoarks.org/privacy-policy/>

If your request is approved by our *Sample Acquisition and Loans Committee*, we will initiate the procedures for the preparation and shipment of samples to you. We will endeavour to process your request efficiently and advise when your samples are ready for shipment. However, please note that due to the large number of applications we receive, your request may be held in a queue.

PART 1A. DETAILS OF APPLICANT

NAME:

POSITION (E.G. PHD STUDENT, POST-DOCTORAL RESEARCH FELLOW):

EMAIL ADDRESS:

TELEPHONE NUMBER:

OTHER APPLICANTS:

INSTITUTIONAL ADDRESS:

CITES INSTITUTIONAL REGISTRATION NUMBER (IF APPLICABLE):

APPROVED BORROWER STATUS GRANTED WITHIN THE LAST 10 YEARS (NHM ONLY)? Y / N

NOTE: YOU WILL NEED TO HAVE A NHM APPROVED BORROWER STATUS OR COMPLETE A NHM APPROVED BORROWER APPLICATION FORM TO ACCESS SAMPLES HOUSED AT THE NHM.

HAVE YOU LOANED SAMPLES FROM CRYOARKS BEFORE? Y / N

IF YES, PLEASE PROVIDE THE PREVIOUS CRYOARKS LOAN REFERENCE NUMBER(S):

WILL THE SAMPLES REQUESTED IN THIS FORM BE USED BY ANYONE OTHER THAN THE APPLICANT (INCLUDING THIRD PARTY SERVICE PROVIDERS)? Y / N

IF YES, PLEASE PROVIDE THE NAME, EMAIL ADDRESS AND INSTITUTION OF ALL PERSONS USING/ACCESSING THE SAMPLES:

NOTE: IF YOU ARE A STUDENT, POSTGRADUATE RESEARCHER OR ARE NOT DIRECTLY EMPLOYED BY THE INSTITUTION TO WHICH YOU ARE AFFILIATED E.G. VISITING RESEARCHER, PLEASE COMPLETE PART 1B.

PART 1B. DETAILS OF SUPERVISOR OR HOST (IF APPLICANT IS A POSTGRADUATE STUDENT OR VISITING RESEARCHER)

NAME:

POSITION AT HOST INSTITUTION:

EMAIL ADDRESS:

TELEPHONE NUMBER:

INSTITUTIONAL ADDRESS (IF DIFFERENT FROM APPLICANT'S):

APPROVED BORROWER STATUS GRANTED WITHIN THE LAST 10 YEARS (NHM ONLY)? Y/N

STATEMENT IN SUPPORT OF APPLICATION:



PART 2. SAMPLE REQUEST DETAILS

LIST OF REQUESTED SAMPLES. PLEASE ATTACH WITH THIS APPLICATION A LIST OF THE REQUESTED SAMPLES (IN .XLS OR .CSV FORMAT) CONTAINING THE FOLLOWING DETAILS:

- CRYOARKS SAMPLE ID
- TYPE OF SAMPLE (DNA/TISSUE/CELL CULTURE/OTHER)
- SPECIES COMMON NAME
- SPECIES SCIENTIFIC NAME
- PREFERRED SIZE/VOLUME OF SAMPLE (PER SAMPLE)
- BUFFER REQUIRED (AND/OR ANY PREPARATION INSTRUCTIONS IF APPLICABLE)
- IF ANY OF THESE SPECIMENS ARE TYPE (T), EXTINCT (EX) OR ENDANGERED (EN), OR CITES-LISTED TAXA

PLEASE ADD ANY FURTHER COMMENTS YOU WISH TO MAKE ABOUT YOUR PROPOSAL:

DATE BY WHEN SAMPLES ARE REQUIRED:

FULL POSTAL ADDRESS FOR SAMPLE SHIPMENT (IF DIFFERENT FROM MAIN APPLICANT'S INSTITUTIONAL ADDRESS):

PART 3. PROPOSED PROJECT

TITLE OF THE PROJECT TO WHICH THE SAMPLES WILL CONTRIBUTE:

PROJECT OUTLINE. PLEASE INCLUDE AIMS/OBJECTIVES AND PROPOSED METHODOLOGY, AND IF APPLICABLE, HOW THE PROJECT WILL CONTRIBUTE TO POPULATION MANAGEMENT, ANIMAL HEALTH AND/OR CONSERVATION (MAXIMUM 400 WORDS):

PLEASE GIVE EXAMPLES / EVIDENCE OF PREVIOUS STUDIES DEMONSTRATING THE SUCCESS OF THE PROPOSED TECHNIQUE(S) AND/OR YOUR EXPERIENCE IN THIS AREA. YOU MAY ATTACHED YOUR CV TO SUPPORT THIS IF YOU WISH (MAXIMUM 200 WORDS):

WHY IS THE CRYOARKS MATERIAL IMPORTANT TO YOUR STUDY? (MAXIMUM 300 WORDS):

ANTICIPATED TIMELINE OF PROJECT, OUTCOMES AND ENDPOINT:

HAS FUNDING FOR THIS PROJECT BEEN SECURED? ☐ YES ☐ NO ☐ PARTIAL ☐ N/A

IF NOT, EXPLAIN HOW THE STUDY IS / WILL BE FUNDED:

ANTICIPATED OUTCOMES

PUBLICATION(S): Y / N	PUBLICLY ACCESSIBLE GENETIC DATA: Y / N	PUBLICLY ACCESSIBLE GENOMIC DATA: Y / N	IMAGES: Y / N

OTHER:

PART 4. DECLARATION. PLEASE TICK TO INDICATE THAT YOU HAVE READ AND UNDERSTOOD THE STATEMENTS BELOW:

- ☐ I UNDERSTAND THAT THE SAMPLES REQUESTED MAY BE PROVIDED BY DIFFERENT INSTITUTIONS WITHIN THE CRYOARKS COMMUNITY AND THAT EACH INSTITUTION WILL REQUIRE COMPLETION OF A LOAN AGREEMENT BEFORE ACCESS TO THEIR SAMPLES IS GRANTED.
- ☐ I SUBMIT THAT THE ANALYSIS OF THESE SAMPLES IS INTENDED SOLELY FOR ACADEMIC RESEARCH, FOR EXACTLY THE PURPOSE STATED ABOVE AND NO OTHER, AND IS NOT FOR COMMERCIAL PURPOSES. THE SAMPLE WILL NOT BE ACCESSED BY ANY OTHER RESEARCHER NOT NAMED ON THIS FORM OR USED FOR ANY OTHER PURPOSES WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE PROVIDING INSTITUTION.
- ☐ I CONFIRM THAT THE SUPPORT OF THE CRYOARKS BIOBANK, AS WELL AS ASSOCIATED PARTNERS AND COLLABORATING INSTITUTIONS, WILL BE APPROPRIATELY ACKNOWLEDGED IN ALL PUBLICATIONS AND PRESENTATIONS AND OUTPUTS RESULTING FROM THE USE OF THESE SAMPLES. DETAILS OF THESE OUTPUTS WILL BE SUBMITTED TO CRYOARKS.

NOTE: NON-COMPLIANCE WITH THESE CRYOARKS REGULATIONS MAY RESULT IN SANCTIONS BEING APPLIED TO YOU, YOUR RESEARCH TEAM AND/OR YOUR HOST INSTITUTION.

NAME OF APPLICANT:

DATE:

SIGNATURE OF APPLICANT:

SUPERVISOR OR HOST NAME (IF APPLICABLE):

DATE:

SIGNATURE OF SUPERVISOR OR HOST (IF APPLICABLE):



PART 5 - FOR CRYOARKS STAFF USE ONLY

DATE REQUEST WAS RECEIVED:

REQUEST RECEIVED BY:

CRYOARKS LOAN REQUEST ID:

SOME/ALL SAMPLES REQUESTED HELD IN CRYOARKS HUBS (NO FURTHER APPROVAL NEEDED) ☐

SOME/ALL SAMPLES REQUESTED HELD IN CRYOARKS HUBS (FURTHER APPROVAL NEEDED) ☐

SOME/ALL SAMPLES REQUESTED HELD IN THE EAZA BIOBANK (FURTHER APPROVAL NEEDED) ☐

SOME/ALL SAMPLES REQUESTED HELD AS DATA ONLY (FURTHER APPROVAL NEEDED) ☐

DO ANY RESTRICTIONS APPLY TO THE USE OF THE REQUESTED SAMPLES?

E.G. MTA STATES PERMISSIONS REQUIRED FOR USE, TERMS OF USE MUST BE RENEGOTIATED, ETC.

DATE REVIEWED BY MEMBERS OF THE CRYOARKS SAMPLE ACQUISITION AND LOANS
COMMITTEE:

PERMISSION FOR USE:

GRANTED

DENIED

PLEASE STATE REASON FOR DECISION:

**IF THERE ARE NO RESTRICTIONS ON USE AND HIGHER APPROVAL IS NOT REQUIRED, THE REQUEST CAN BE FULFILLED
BY THE FOLLOWING CRYOARKS STAFF:**

NHM:

NMS:

RZSS:

OTHER:

IF FURTHER APPROVAL IS NEEDED, PLEASE GIVE DETAILS OF WHO THE APPLICATION IS FORWARDED TO:

INSTITUTION NAME:

NAME OF CONTACT:

EMAIL:

DATE FORWARDED:

LOCAL REQUEST ID/REFERENCE NUMBER:

LOCAL APPROVAL GRANTED?

DATE SAMPLES DISPENSED:

INSTITUTION NAME:

NAME OF CONTACT:

EMAIL:

DATE FORWARDED:

LOCAL REQUEST ID/REFERENCE NUMBER:

LOCAL APPROVAL GRANTED?

DATE SAMPLES DISPENSED:

INSTITUTION NAME:

NAME OF CONTACT:

EMAIL:

DATE FORWARDED:

LOCAL REQUEST ID/REFERENCE NUMBER:

LOCAL APPROVAL GRANTED?

DATE SAMPLES DISPENSED:

INSTITUTION NAME:

NAME OF CONTACT:

EMAIL:

DATE FORWARDED:

LOCAL REQUEST ID/REFERENCE NUMBER:

LOCAL APPROVAL GRANTED?

DATE SAMPLES DISPENSED:

