



## Application for Project in Macedonian Human DNA Bank

Name (Depositor): \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Code Number:

Principal Investigator: \_\_\_\_\_

Briefly Summarize Inclusion Criteria for the Project:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

By signing below, I agree:

- 1) To acknowledge the use of Macedonian Human DNA Bank in any publications that result from this work;
- 2) The Macedonian Human DNA Bank and the Institute of Immunobiology and Human Genetics are not responsible for the tracking of samples once they have been removed from the Macedonian Human DNA Bank at my request or with my permission. This includes any responsibility related to sample destruction incident to the withdrawal of consent by a participant in this study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_