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: ____________________________