



Center for
Collaborative Research
in Health Disparities

University of Puerto Rico
Medical Sciences Campus
PGx Lab Repository
Guillermo Arbona Building,
2nd Floor, B-214
San Juan, Puerto Rico 000935
787-758-2525, ext. 3006



Repository Services Request Log

1. CONTACT PERSON DETAILS				
Date (MM-DD-YYYY):		Name:		
Type of Contact: <input type="checkbox"/> Personal <input type="checkbox"/> Telephone <input type="checkbox"/> Email:		Type of Organization: <input type="checkbox"/> Academia <input type="checkbox"/> Industry <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Research		
Telephone Number:		Email:		
2. PROJECT DETAILS				
Project Title				
#IRB Approval and Date of Approval (MM/DD/YYYY)				
IRB/ Ethical Committee Location				
Project Duration				
Proposed Start Date				
Grant Source				
3. CLINICAL/ PATHOLOGICAL DIAGNOSIS REQUIRED FOR THE STUDY				
Select all that Apply:				
<input type="checkbox"/> Cardiovascular Patients				
<input type="checkbox"/> Other (Specify) _____				
4. TYPE OF SERVICE(S) REQUESTED (Select all that Apply)				
<input type="checkbox"/> Data: Access genomic data	<input type="checkbox"/> Genomic DNA	<input type="checkbox"/> Plasma	<input type="checkbox"/> Peripheral Blood Mononuclear Cells (PBMC)	<input type="checkbox"/> Others (Specify):
<input type="checkbox"/> Data: Access clinical non-genomic data				
5. COMMENTS				



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6. DISPOSITION

Consider
Denied

Biobank Director Signature:

Signature Date: