



**Project description/ Purpose of use**

**Company:**

**Department:**

**Responsible person:**

Questions	Please tick or fill in	
Requested blood product	Whole blood	<input type="checkbox"/>
	Plasma	<input type="checkbox"/>
	Serum	<input type="checkbox"/>
	Buffy Coat	<input type="checkbox"/>
	Erythrocyte concentrate	<input type="checkbox"/>
	Other: Please specify:	<input type="checkbox"/>
Required Volume (for your application)		ml <input type="checkbox"/>
		l <input type="checkbox"/>
Where will the above mentioned blood product(s) be used?	<b>Research &amp; Development:</b> on the blood product itself <input type="checkbox"/>	
	<b>Laboratory use :</b> blood product is used as test-matrix, buffer, dilution liquid, etc. <input type="checkbox"/>	
	<b>Quality Control:</b> For Diagnostic Tests or/and Instrument control Test <input type="checkbox"/>	
	<b>Raw material:</b> Production of IVD diagnostic Test-kits or Test-kit components (Calibrator, Control, Reagent) <input type="checkbox"/>	
Will the selected blood products be used or tested in a way that applies to the Swiss regulations governing Human Genetic Testing (GUMG/GUMV)?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Will the selected blood products be used for genetic testing not regularized by the Swiss regulations governing Human Genetic Testing (GUMG/GUMV)?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Will the selected blood products be used for diagnostic testing which may be of clinical relevance to the donor?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Please provide additional information about the possible direct or indirect benefit from this project for humans/patients:		



Please provide a brief description of the application where the Blood product(s) will be used:
Please provide a brief description of your project:
Please provide (if available) a scientific reference to your method /principles, or to a study protocol

If the application area is **Research & Development**:

Does your project require approval from an independent Ethics Committee?	No	
	Yes	Protocol n°:

I hereby certify that:

- the answers provided to the above questions are true, complete and correct to the best of my knowledge
- the selected blood products(s) will be used exclusively for the purpose(s) identified above
- all unused or residual blood products will be correctly discarded

\_\_\_\_\_

Place, Date

\_\_\_\_\_

Signature