**Project Details:**

|  |
| --- |
| Full Collection Protocol Title |
| Click or tap here to enter text. |
| Short Title |
| Click or tap here to enter text. |
| Brief Description of Study |
| Click or tap here to enter text. |
| Principle Investigator |
| Click or tap here to enter text. |
| Start Date |
| Click or tap to enter a date. |
| Number of Expected Participants |
| Click or tap here to enter text. |

**Ethics Approval and Participant Consent:**

|  |
| --- |
| Ethics Approval Number  |
| Click or tap here to enter text. |
| Name of Primary/Lead HREC Committee |
| Click or tap here to enter text. |
| Please indicate wording of consent tiers (attach consent form to this template) |
| Click or tap here to enter text. |

**Collection Events:**

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| --- |
| Please describe the tissue/blood/specimens to be collected, including the amounts collected, the time points of collection and whether the specimen will be aliquoted or stored. If applicable, please also state what derivatives e.g DNA/RNA/Protein will be obtained from the specimens and stored. |
| Click or tap here to enter text. |

**Cost Recovery:**

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| --- |
| The cost recovery schedule accurately reflects the costs associated with specimen collection, processing, costs of consumables, and storage. The User will be advised of these charges on a case by case basis. |

**Email the completed Open Specimen collection protocol template to: Biorepository@unsw.edu.au**