

UK ME/CFS Biobank Application (Full)

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Prepared by CureME and UK ME/CFS Biobank at the London School of Hygiene & Tropical Medicine

Funded by NIAID (NIH), ME Association, ME Research UK and Action for M.E.

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APPLICATION FORM 2 – Full Research Proposal

Applicants should return the completed form to: mecfsbiobank@lshtm.ac.uk

Applicant

Name of Principal Applicant	
Title & Position of Principal Applicant	
Name & Position of Co-Investigator(s)	

Institution

Institution where research will be conducted	
Address	
Telephone N°, including country code	
E-mail	

Project title

Project Timing

Date of Application (DD/MM/YY)	
Proposed Start Date	
Proposed Duration (months)	

Abstract of Research Project

*This should be in a form suitable for consideration by lay members of the ME/CFS Biobank Guardian Board and should not exceed 250 words using the following sub headings: **(i) title;** **(ii) brief background;** **(iii) objectives;** **(iv) methods** - including materials, particularly samples and/or data required from the UK ME/CFS Biobank; and **(v) expected outcomes.***

Proposed Investigation

This must not exceed 4 single-spaced pages (excluding references) written in a minimum size 11 font (in Arial or Times New Roman). Research methods should be sufficiently detailed to allow expert assessment. This section should be written in clear and concise terms under the following sub headings: (i) title of research; (ii) background; (iii) objectives; (iv) methods, including research design, sample size/power calculations and types and amount of samples requested; (v) expected outcomes; (vi) timescale and milestones to be achieved; (vii) impact; and (viii) references

Please also describe any commercial interests and other conflicts of interest in the research, if applicable.

Justification

Please provide a justification of request for access to samples including: (a) whether this is a pilot study or research into a novel aspect of ME/CFS; (b) evidence that the project realistically can be carried out at the host Institution; and (c) the relevance of the project to the aims of the UK ME/CFS Biobank, as outlined below:

o testing or generating new hypotheses on the mechanisms (pathophysiology) of ME/CFS,

o improving diagnosis (biomarkers) and phenotyping, and/or,

o basic science, e.g. pharmacological in vitro studies potentially leading to clinical trials on therapeutic approaches.

Funding Source

This section is intended to provide the UK ME/CFS Biobank Guardian Board with an overall view of the financial support available for this research – details of grants awarded or awaiting decision and the financial capability of the applicants to bring the project to a successful conclusion. Please also include projected staff time commitment for the proposed research (e.g. names and roles of staff members, hours per week, number of months).

Resources requested

Tube type	Derivative	Volume of aliquots ¹	Cell Concentration per aliquot	N° required aliquots	Costs/ aliquot (£)	Total (£)
Serum red	Serum	200µl	n/a		24.49	
Sodium Heparin Green	Plasma	250µl	n/a		24.49	
	PBMCs	1000µl	5x10e6 cells/ml		97.93	
	RBC ² pellet	2000µl	n/a		POA	
K2-EDTA Lavender	Whole blood	500µl	n/a		POA	
	Plasma	1000µl	n/a		24.49	
	PBMCs ³	1000µl	5x10e6 cells/ml		97.93	
PAXgene RNA Tube	n/a	250µl	n/a		32.81	
Subtotal						
Administration fee (protocol review)						250.00
Basic dataset (further variables negotiable upon request)						200.00
Sample retrieval and preparation @ £5.33/10 participants						
Subtotal						
VAT						50.00
TOTAL						

Referees

We welcome the nomination of up to two independent referees not associated with your project or institution, who may be able to assist the ME/CFS Biobank Guardian Board in reviewing the application.

	Referee 1	Referee 2
Name		
Institutional address		
Title and Position		
Telephone No, including country code		
E-mail		

Approvals and Agreements

ETHICAL AGREEMENT

Ethical committee approval being sought (Yes/No)

Ethical committee approval obtained and copy attached (Yes/No)

PROJECT APPROVAL

i) Head of Department

I confirm that I agree to this research being carried out in my Department and that the facilities outlined in the application will be made available for it.

Name _____ Signature _____

Date _____

ii) Administrative Authority

If approval is granted, the Institution will be asked to confirm that it will administer the project utilizing the samples and that it accepts the standard terms and conditions and any supplementary terms and conditions agreed in the material or data transfer agreement(s), as applicable.

Curriculum Vitae of Principal Applicant

Name

Qualifications, including year(s) awarded and Institutions

Present position, department, and institution

Brief summary of relevant research experience with emphasis on experience in field of proposed research or a related field

Applicant's publications

Please list (including full title, authors and journal) up to 5 publications that you consider key to demonstrating your experience in this field of research and mark those which are directly relevant to the proposed project.

Approximate number of hours to be devoted to this project per week _____

Signature _____ Date _____

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