**Standing Database/Tissue Bank Application Form**

(Extra page for Head of Department/Chairman Medical Board)

**NAME OF STANDING DATABASE / TISSUE BANK:**

**Text Field**

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| Endorsement of Head of Department (HOD)/Chairman Medical Board (CMB)\* |
| *\*The respective institutions/cluster own the data/tissue banks set up by their staff members. For standing databases/tissue banks involving single department, the Head/Chief of the department is the appropriate authority for endorsement of databases/tissue banks created within his/her department. Databases/tissue banks that straddle more than one department in an institution should be endorsed by Chairman Medical Board of the institution. Databases/tissue banks that straddle more than one institution should be endorsed by the CMBs of all institutions concerned.* |

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| **Comments (if any):**

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I hereby endorse the set up and existence of the database/tissue bank. I acknowledge full ownership of the intellectual property rights of the database/tissue bank on behalf of my institution. As owner, my institution shall maintain overall responsibility for the oversight of the database/tissue bank. I agree to the appointment of the Custodian whose name is stated in the Standing Database/Tissue Bank Application Form, and accept his/her statement of assurance.

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| *Head of Department/Chairman Medical Board^**^please delete accordingly* | *Date* |
|  |  |
| *Full Name:* | Text Field |
| *Position Held:* | Text Field |
| *Institution:* | Text Field |
| *Department:* | Text Field |

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