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