ORDERING FORM
REQUEST ID # .....

Please, fill in and sign the form, then send it back to:

Gibertini Sara, Fondazione Istituto Neurologico C. Besta

Address	Via Amadeo 42, 20133 Milano		
Fax		**e-mail**	sara.gibertini@istituto-besta.it

PROJECT DETAILS

Principal investigator			
Project title			
Grant sponsor		**Project no.**	
Institute			
Phone		**Fax**	
E-mail			
Project description (Please describe the data you hope to gather through the requested sample)			

SHIPPING DETAILS

Shipping address	
Courier name	
Courier account number	

INVOICE DETAILS

Organisation Full Name			
Complete Address			
VAT Code (EU States)			
Contact Person			
Phone		**Fax**	
E-mail			

SAMPLE(S) AND SERVICE(S) DETAILS

Sample(s) Code	Sample(s) Type	Service Code	Total Cost
Dry ice (10 kg)			50,00 euro

The Principal Investigator agrees to the following conditions:

- Not to use samples for commercial purposes;
- Not to perform activities aimed at patient's identification;
- Not to distribute Samples to other investigators without written permission of the Biobank;
- Either to destroy any leftover sample(s) once the project is completed or to submit a new request for its (their) reuse;
- To make results of the Project available in confidence to Provider in a final report to the extent that such results are relevant to the health of patients, (e.g. incidental findings);
- In the case of publication of the results obtained using the samples, to include in the acknowledgements, the following: "The biobank "Cells, tissues and DNA from patients with neuromuscular diseases", member of the Telethon Network of Genetic Biobanks (project no. GTB12001), funded by Telethon Italy, and of the EuroBioBank network, provided us with specimens";
- To send a paper reprint to the Biobank;
- To pay for shipping and service charges.

Place, Date **Signature of Investigator**