

Biobank Transfer/Retrieval Form

To be completed and signed by the Laboratory Manager/Administrator.

Name of Chief Investigator

Name of Laboratory Manager/Administrator

Laboratory/Research Group

School

Type of request: Transfer samples to Biobank Retrieve samples from Biobank

Transfer:

I/We wish to transfer the attached samples (printed list from FreezerPro) from our local freezer to the Biobank facility for archival

Local Freezer Name

Local Freezer Location

Signed Biobank Transfer Authorisation Attached

Retrieval:

I/We wish to retrieve the attached samples (printed list from FreezerPro) from the Biobank to our local freezer.

Local Freezer Name

Local Freezer Location

Signed Biobank Transfer Authorisation Attached

Laboratory Manager/Administrator Signature:

Date

Please email completed and signed form to biobank@adelaide.edu.au

OFFICE USE ONLY

Date Received:

Processed by:

Date: