Application Form Part B2: Requesting Canadian Blood Services Blood for Research

Instructions for completing Part B2

Please review the Application Guidelines available at <https://blood.ca/en/research/products-and-services-researchers/research-ethics-program> prior to completing an application form. Note that Part A must be completed in addition to Part B2 for studies requesting blood for research from the Blood4Research Program.

The Blood4Research Program distributes whole blood and processed blood products for non-human use. For details about the available products, review the **“Blood4Reseach products’ specifications and pricing”** document prior to completing your application. Blood products may be distributed to approved studies for a fee in order to recover some of the costs incurred by the Program. These fees may change at the discretion of the Canadian Blood Services. Download the **“Blood4Reseach products’ specifications and pricing”** document at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

For details on the process Canadian Blood Services follows to involve donors in the Blood4Research Program, read the documents known as **“Involvement of human participants at Canadian Blood Services Blood4Research donor clinic”** and **“Blood4Research donor clinic consent form”** prior to completing your application. Any requests for deviations must be explained in Part B2. Download the documents at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

For additional information about the Blood4Research Program, visit <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>. For any questions about the Blood4Research Program, contact [blood4research@blood.ca](mailto:blood4research@blood.ca).

Instructions for submitting an application including Part B2

Submit the completed Application Form Part A and Part B2 as separate word files (.docx) and all required supporting documents as separate files to [blood4research@blood.ca](mailto:blood4research@blood.ca). If your application package includes more than one Part B, submit the completed application package to [CBSREB@blood.ca](mailto:CBSREB@blood.ca).

1. Study Lay Title

*Study lay title must match study lay title provided in Part A*

|  |
| --- |
| Click or tap here to enter text. |

1. Study Alignment to the Goals of the Blood4Research Program

Of the following three possible study outcomes, please indicate which best reflects the expected outcome for your study:

|  |
| --- |
| Choose an item. |

1. Incidental Findings

Provide an assessment of the likelihood of the study revealing unexpected information that could be important to the health of the donor.

|  |
| --- |
| Click or tap here to enter text. |

1. Blood Products Requested for the Study

**4.a.** Please identify the products requested from the Blood4Research Program.

|  |  |
| --- | --- |
| Product | Choose an item. |
| Number of products | Click or tap here to enter text. |
| Frequency of request | Choose an item. |
| Total number of products | Click or tap here to enter text. |
| Special instructions  *e.g., donor criteria (blood group, gender, etc.); length of tail, etc.* | Click or tap here to enter text. |

*Add table(s) as needed to identify additional requested products. Click on the plus (+) sign at bottom right of table to add another table.*

**4.b.** If applicable, explain any deviations from the information provided in the documents known as “Involvement of human participants at Canadian Blood Services Blood4Research Donor Clinic” and “Blood4Research Donor Clinic Consent Form” (e.g., changes to the method of processing collected blood).

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| Click or tap here to enter text. |

1. Shipping and Receiving Information

**5.a.** Identify the person to be contacted about shipment and receipt of blood product(s).

Same as Principal Investigator identified in Part A of the application.

|  |
| --- |
| Choose an item. |

If different, please provide contact and shipping details for the person who would be contacted about shipment and receipt of blood product(s).

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Title/Position | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, Province, Postal Code | Click or tap here to enter text. |
| Phone (**not** a personal phone number) | Click or tap here to enter text. |
| Email (**not** a personal email) | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |

**5.b.** The Principal Investigator is responsible for shipping charges associated with the distribution of blood products. Please provide FedEx account information to which the shipments can be charged.

|  |  |
| --- | --- |
| FedEx Account Number | Click or tap here to enter text. |

1. Billing Information

Identify the person to be contacted for invoicing purposes.

**Note: Canadian Blood Services cannot accept payment by credit card.**

Same as Principal Investigator identified in Part A of the application.

|  |
| --- |
| Choose an item. |

If different, provide customer information for invoicing purposes below*.*

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Title/Position | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, Province, Postal Code | Click or tap here to enter text. |
| Phone (**not** a personal phone number) | Click or tap here to enter text. |
| Email (**not** a personal email) | Click or tap here to enter text. |
| Fax | Click or tap here to enter text. |

1. Supporting Documents Checklist

Please indicate all supporting documents submitted with this application.

|  |  |
| --- | --- |
| **7.a. Academic or commercial REB documentation (see Part A)** | |
| Application | Choose an item. |
| Approval letter | Choose an item. |
| Study protocol  (Canadian Blood Services staff only) | Choose an item. |
| **7.b. CCAC accredited Animal Care Committee documentation (see Part A)** | |
| Approval letter | Choose an item. |
| **7.c. Other supporting documents** | |
| Other supporting documents | Choose an item. |
| If Yes, list the supporting document(s) | Click or tap here to enter text. |
| **7.d.** If **No** to **7.a., 7.b.,** and/or **7.c.,** provide details as to why documentation is not provided. | |
| Click or tap here to enter text. | |

1. Principal Investigator Signature

*Note: The Principal Investigator signing Part B2 must be the Principal Investigator identified in Part A.*

Canadian Blood Services obtains consent from blood donors to distribute their blood and blood products under the Blood4Research program. Please confirm that you have read and understand the Canadian Blood Services documents known as “Involvement of human participants at Canadian Blood Services Blood4Research donor clinic” and “Blood4Research Donor Clinic Consent” available at <https://blood.ca/en/research/products-and-services-researchers/products-research/obtain-blood-products-research>.

I have read and understood the most recent version of the following documents available on www.blood.ca:

“Involvement of human participants at Canadian Blood Services Blood4Research donor clinic”.

“Blood4Research Donor Clinic Consent” form.

By typing my name and the date below, and submitting this application, I, the Principal Investigator on this study, declare that all of the information provided in Part A and Part B2 of this application is accurate and complete to the best of my knowledge and I agree to accept responsibility for the scientific conduct of the proposed study.

|  |  |
| --- | --- |
| First, Last Name |  |
| Date (YYYY-MM-DD) |  |

**Instructions for submitting the completed application package**

Submit the completed Application Form Part A and Part B2 as separate word files (.docx) and all required supporting documents as separate files to [blood4research@blood.ca](mailto:blood4research@blood.ca). If your application package includes more than one Part B, submit the completed application package to [CBSREB@blood.ca](mailto:CBSREB@blood.ca).