

QATAR BIOBANK			 قطر بيوبانك qatarbiobank for medical research للبحوث الطبية عضو في مؤسسة قطر Member of Qatar Foundation
RESEARCH OFFICE			
CLAIM FORM			
Document ID Code: QF-QBB-RES-FO-013	Rev 00	Page 1 of 2	

Research Application No. _____

Part 01 – Claim

To be filled by the Principal Investigator (PI)

Name of the Principal Investigator :

Project title :

Claim on : Data received Sample received

As per Annexure- QATAR BIOBANK ACCESS RECEIPT FORM QF-QBB-RES-FO-007

Date of receiving the data/sample :

Brief description of the clarification requested on the data/sample received :

Date of clarification registered :	Signature of PI:
------------------------------------	------------------

Part 02 – Review and Assessment

To be filled by the Access Office

Name of receiver :	Signature of receiver	
--------------------	-----------------------	--

Assigned to <input type="checkbox"/> IT Project Manager <input type="checkbox"/> Clinic Manager	Date of Assignment	
---	--------------------	--

To be filled by the IT/ Clinic & Lab Manager (Process Owner)

Details of the review of clarification made :

Data

Can the clarification be accepted Yes No
 If yes reason:
 If no, reason :

Sample

Can the clarification be accepted Yes No
 If yes reason:
 If no, reason :

Date:	Signature of the Investigator:
-------	--------------------------------

Part 03 – Approvals/ Decision

To be filled by the Access Office

Date of review of the decision by the Director :

Can the decision be upheld Yes No


If no, state the reason :

Date:	Signature of the Director :
-------	-----------------------------

Date of communication to the PI on the decision :

Date:	Signature of the Access Office Coordinator :
-------	--

Part 04 – Acknowledgement

QATAR BIOBANK			 <p>قطر بيوبانك qatarbiobank for medical research للبحوث الطبية عضو في مؤسسة قطر Member of Qatar Foundation</p>
RESEARCH OFFICE			
CLAIM FORM			
Document ID Code: QF-QBB-RES-FO-013	Rev 00	Page 2 of 2	

Research Application No. _____

To be filled by the Principal Investigator (PI)	
Name of the Principal Investigator :	
Date:	Signature: