

California Biobank Program (CBP) Initial Inquiry Form

Please provide the following [demographic information](#).

This information must be obtained in order for your inquiry to be opened:

Date:

Name of requestor/principal investigator(s):

Requestor's organization/institution name:

Requestor's organization/institution address:

Phone number:

Fax number:

E-mail

Please provide the following [project information](#).

This information must be obtained in order for your inquiry to be opened:

Title of the proposed research project:

Are you requesting a letter of support (allow 7 to 10 business days for processing)?

Date needed:

Funding agency name:

Description of the proposed research project:

Anticipated number of biospecimens needed for the research project:

Newborn bloodspots:

Prenatal Serum:

Prenatal pellet:

Description of the anticipated data needed for the research project: