California Biobank Program (CBP) Initial Inquiry Form

Please provide the following demographic information. This information must be obtained in order for your inquiry	y 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)?
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:			