

Required information for new Projects

Please send the digital and the signed form electronically to: odcf-service@dkfz.de
fields marked with * are mandatory

Title of the project *	
Summary of the project * (2-3 sentences)	
Keywords *	
Organizational unit (OE) *	
Cost center of project	
End date of the project (if available)	
Storage period after the end of the project *	PI instructs ODCF to delete data <input type="checkbox"/> project specific period <input type="checkbox"/> _____ years 10 years <input type="checkbox"/>
Subsequent application to existing project? *	No <input type="checkbox"/> Yes <input type="checkbox"/> processing will be done as in previous project Title of this project: _____
Tumor entity	
Species	human <input type="checkbox"/> mouse <input type="checkbox"/> other: _____
Responsible PI(s) * (name, email, AD-username)	
Deputy PI(s) (name, email, AD-username) Allowed to manage access rights.	
Responsible Bioinformatician(s) (name, email, AD-username) * Will be contacted for processing, structuring or qc issues.	

Other Project Member(s)/ Bioinformatician(s) (name, email, AD-username) Can be added later by PI or Deputy PI.																									
Submitter(s) (name, email, AD-username)																									
Sequencing project *	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Sequencing center	DKFZ																								
Approximate number of samples																									
Data types * Make sure to select single cell, if applicable	<table> <thead> <tr> <th></th> <th>bulk</th> <th>single cell</th> </tr> </thead> <tbody> <tr> <td>WGS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WGBS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WGBS_TAG</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EXOME</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ChIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RNA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>other:</td> <td colspan="2">_____</td> </tr> </tbody> </table>		bulk	single cell	WGS	<input type="checkbox"/>	<input type="checkbox"/>	WGBS	<input type="checkbox"/>	<input type="checkbox"/>	WGBS_TAG	<input type="checkbox"/>	<input type="checkbox"/>	EXOME	<input type="checkbox"/>	<input type="checkbox"/>	ChIP	<input type="checkbox"/>	<input type="checkbox"/>	RNA	<input type="checkbox"/>	<input type="checkbox"/>	other:	_____	
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other:	_____																								
Permanent storage of FASTQ Will be done for all data that is not further processed.	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Further data processing (alignment, variant calling) If available for sequencing type, species and experimental setup.	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Comments																									

* I confirm, that, if the project contains human data, a valid informed consent has been signed by the patient and that this consent covers the planned storage and processing of the data.

* I confirm, that I am aware that all projects containing human data need to be registered with the data security office by filing a "Verfahrensmeldung".

Full name in block letters (PI)

Date, Signature (PI)