



**MOH BIOBANK EVALUATION AND FEEDBACK FORM FOR  
RESEARCH PROJECTS INVOLVING SAMPLES  
COLLECTED/STORED FOR FUTURE RESEARCH**

MINISTRY OF HEALTH BIOBANK,  
National Institutes of Health (NIH),  
No.1, Jalan Setia Murni U13/52,  
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<b>SECTION 1: PROJECT INFORMATION</b>	
NMRR ID:	
Protocol ID:	
Project Title	
Type of Study:	<input type="checkbox"/> Investigator Initiated Research (IIR) <input type="checkbox"/> Industry Sponsored Research (ISR)

<b>SECTION 2: PRINCIPAL INVESTIGATOR (PI) DETAILS</b>		
Title		
Full Name		
Position		
Department		
Organisation		
Phone		Email

<b>SECTION 3: RESEARCH INFORMATION</b>	
Does your study involve collection and storage of samples for future research purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many participants/patients are expected to be recruited?	
Where will the samples be kept?	<input type="checkbox"/> MOH Biobank <input type="checkbox"/> Other site/s
How long will the samples be kept for?	
What is the source of funding for this study?	
Where will the participants/patients be recruited from?	<input type="checkbox"/> MOH Facility <input type="checkbox"/> Non-MOH Facility <input type="checkbox"/> Both MOH and Non-MOH Facility
Is a separate consent form provided specifically for the collection, storage, and future use of samples?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5: SUPPORTING DOCUMENTS**

Research proposal  Yes  No

Consent form (current study)  Yes  No

Consent form (future research)  Yes  No

**SECTION 6: DECLARATION**

I/We confirm that all information provided in this application is accurate, correct and complete.

Name of Principal Investigator:

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Official stamp:

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**THIS SECTION IS FOR MOH BIOBANK USE ONLY**

Head of Biobank Unit, National Institutes of Health

Comments / Feedback:

Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official stamp:

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Chairperson/Co-chair of MOH Biobank Scientific Committee

Does the proposal require amendments before submission to JPPNIH/MREC:  Yes  No

Comments / Feedback:

Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official stamp:

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