

## CUBiMed.RUB Cooperation agreement form

Document version 1.2

The researcher indicated below hereby requests consulting and analysis from the core facility “Core Unit Bioinformatics” at the medical faculty of the Ruhr University Bochum (CUBiMed.RUB). After a completed analysis the results and a documentation of the procedure will be provided. On completion, all users will be kindly asked to fill in a survey. Please refer to our attached **FAQ document** for information on common non-financial considerations for our cooperation. Please also consider the **data privacy policy** regarding the use of your personal data provided in this document.

### Contact data:

**Name:**

**Institution:**

**Department:**

**Address:**

**Phone:**

**E-mail:**

**Description of the project:**

**Project title:**

**Project leader / PI:**

**Is the project/planned analysis part of a consortium?**  Yes  No

**Consortium leader  
(name, institution):**

**Short Project description:**

