

How did you learn about the EB Biobank?

- ## 1. Contact Information

Applicant Name:	
Position:	
Institution / Company:	
Department:	
Address:	
Phone:	
Email:	

Project Description (300 – 500 words): Please provide a concise summary of the project, including objectives, methodology, and how the requested cell lines will be used. Please do not include any confidential or IP-sensitive information.

Include any Confidential or A-Sensitive information.	
Project Title:	
Project Description:	

	Name	Date
Author	Christina Guttman-Gruber	10.08.26
Reviser	T. Mayer	10.08.26
Reviewer	H. Cernecka	10.08.26
Approver	P. Schlager	18.08.26

3. Ethical and Legal Compliance

Was the study already approved by an IRB or ethical committee:

☐ Yes (see table) ☐ No

Ethics Committee Name:	
Approval:	Number:
	Date:

4. Requested Cell Lines (Exhibit A)

EB Type* / Control	Mutation	Cell Type	Primary / Immortalized	Number of Aliquots (1 Mio cells / stock)

** If needed, indicate specific mutation*

Legend: KC, keratinocytes; oKC, oral (mucosal) keratinocytes; FIB, fibroblasts; HC, healthy) cells (= control cell lines); CAF, cancer associated fibroblasts; SCC, squamous cell carcinoma cells; PRIM, primary cells; E6E7, immortalized cells; EBS, epidermolysis bullosa simplex; RDEB, recessive dystrophic epidermolysis bullosa; RDEB sev, severe RDEB; RDEB intermed, intermediate RDEB; JEB, junctional epidermolysis bullosa

If requesting primary cells, please describe the scientific rationale for their use and explain why immortalized cell lines are not an appropriate alternative for the proposed study. Note: Access to primary cells is subject to sample availability and may requires review and approval by the Biobank Steering Committee