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Clinical & Translational Science Institute

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**APPLICATION FOR STORAGE OF PI SAMPLES**

**Date:** Click here to enter a date.

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**INVESTIGATOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator:** | Click here to enter text. |  |
|  | First  | Last |
| **PI Title:**  | Click here to enter text. | **Department:** | Click here to enter text. |
|  |  |  |  |
| **Phone:** | Click here to enter text. | **Fax:** | Click here to enter text. |
|  |
| **E-Mail:** | Click here to enter text. |  |
|  |  |  |
| **Contact Person (if different from PI):** | Click here to enter text. |  |
|  | First  | Last  |
| **Location (Building/Room #):** | Click here to enter text. |
|  |  |  |
| **Phone:** | Click here to enter text. | **E-mail:** | Click here to enter text. |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Project Title:** | Click here to enter text. |
|  |  |
| **Funding Source:**  | Click here to enter text. |
| **IRB #:** | Click here to enter text. |  **Date of IRB approval:** | Click here to enter text. | **Date IRB expires:** | Click here to enter text. |

**SAMPLE** **INFORMATION**

|  |
| --- |
|  **List all specimen types (solid, blood, urine, etc.) approved for procurement in IRB protocol:** |
| Click here to enter text. |
|  **List the sample quantities that have been approved for procurement in IRB protocol:** |
| Click here to enter text. |
| **List the specimen types to be stored by the CTSI Biorepository:** |
| Click here to enter text. |
|  |
| **Length of time for storage (approximate number of months/years)** |
| Click here to enter text. |
| **How often will samples be removed from storage for research?** |
| Click here to enter text.**Estimated number of samples to be taken at a given time?**Click here to enter text.**Expected number of shipments off-site per year (if applicable)** Click here to enter text. |
| **How often would you like to receive a report of the sample inventory (monthly, yearly)?** |
| Click here to enter text. |

**CHECKLIST FOR INVESTIGATORS**

[ ]  APPLICATION FOR STORAGE OF PI SAMPLES

[ ]  COPY OF IRB APPROVAL LETTER

[ ]  COPY OF IRB INTRODUCTORY QUESTIONNAIRE (IQ)

[ ]  COPY OF IRB APPROVED PROTOCOL (if non-human exempt, protocol included in IQ)

**\*\*FAX/Email signed copies of this application and the required documents listed above to:**

**CTSI Biorepository**

**Box 100275**

**1600 SW Archer Rd**

**University of Florida**

**Gainesville, FL 32610**

**Phone 352-273-7649**

**FAX 352-273-9686**

**biorepository@pathology.ufl.edu**

I acknowledge that the conditions for use and storage of this research material are governed by the UF Institutional Review Board (IRB) in accordance with Department of Health and Human Services regulations at 45 CFR 46. I agree to comply fully with all such conditions and to report promptly to the IRB any proposed changes in the research project. I remain subject to applicable State or local laws or regulations and institutional policies, which provide additional protections for human subjects.

To the extent allowed by law, I further agree to indemnify and hold harmless the CTSI Biorepository from any claims, costs, damages, or expenses resulting from any injury, including death, damage or loss that may arise from the use of the tissue provided by the CTSI Biorepository.

By my signature I agree to the terms set above:

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

|  |
| --- |
| **FOR CTSI BIOREPOSITORY PERSONNEL USE ONLY** |
| Did you receive a copy of all required IRB paperwork? | [ ]  Yes | [ ]  No |
| Does the protocol match Sample Type requested for storage?  | [ ]  Yes | [ ]  No |
| Does the protocol match Sample Quantity requested for storage? | [ ]  Yes | [ ]  No |
| CTSIB regulatory staff completing this section | Initials: | Date: |
| Comments:Click here to enter text. |