**APPLICATION FOR CTSI BIOREPOSITORY SERVICES (FULL APPLICATION)**

 **Type of Service Requested: (Check applicable)**

Click here to enter a date.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Library Specimens [ ]  PI Directed Studies

**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. |

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| --- | --- |
| **PROJECT INFORMATON****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. |
|  |
| **List all specimen types (solid, blood, urine, etc.) approved for procurement in IRB protocol:** |
| Click here to enter text. |
|  |
| **List all body sites (lung, breast, etc.) approved for procurement in IRB protocol:** |
| Click here to enter text. |
|  |
|  **List # of patients or # of specimens approved for procurement in IRB protocol:** |
| Click here to enter text. |

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| **Indicate the age range of subjects approved for procurement in IRB protocol:** |
| Click here to enter text. |

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| **Indicate the patient population(s) approved to be studied in IRB protocol (ex. pregnant women, terminally ill, men only, minorities only, etc.):** |
| Click here to enter text. |

**CHECKLIST FOR INVESTIGATORS**

[ ]  FULL APPLICATION

[ ]  CONFIDENTIALITY AGREEMENT FOR SPECIMENS (If applicable)

 (Only required if receiving de-identified patient information)

[ ]  COPY OF IRB APPROVAL LETTER

[ ]  COPY OF IRB INTRODUCTORY QUESTIONNAIRE (IQ)

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

[ ]  ADDENDUM A (if approved as an exempt protocol)

**\*\*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 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.

This research material may only be utilized in accordance with the conditions stipulated by the CTSI Biorepository and UF IRB. Any additional use of this material requires prior review and approval by the UF IRB and, where appropriate, by an IRB at the recipient site, which must be convened under an applicable OPRR-approved Assurance.

I agree to provide the CTSI Biorepository with a summary of results obtained from any study that I conduct using the tissue provided by the Biorepository. I acknowledge that the purpose of this disclosure is to provide the scientific review committee with information regarding the quality of the tissue as well as any results obtained from the use of the tissue. This will ensure that human tissue (as a limited resource) is distributed for future research in the most scientifically appropriate way (i.e. avoid replication of existing studies, etc.). The CTSI Biorepository will not release the results of these studies without first getting permission from you (the investigator signing this form). In addition, the CTSI Biorepository would like to be acknowledged as the source of the tissue in all publications that are submitted using tissue samples acquired from the Biorepository.

I understand that all samples should be handled as if potentially infectious. I acknowledge that I will inform and train all lab personnel in the procedures for safe handling of these human tissues. I acknowledge that I am aware of OSHA regulations for the handling of human specimens in my laboratory.

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.

I hereby agree that the samples provided by the CTSI Biorepository will be used for research only. Samples will not be sold or distributed to third parties. The samples are provided as a service to the research community without warranty or merchantability of fitness for a particular purpose or any other warranty, expressed or implied.

By my signature I agree to the terms set above:

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

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| --- |
| **FOR CTSI BIOREPOSITORY PERSONNEL USE ONLY** |
| Were all required IRB documents received? | [ ]  Yes | [ ]  No |
| Does the information provided in the application including the current request for tissue match the information approved in the IRB documents?  | [ ]  Yes | [ ]  No |
| If no, explain (*application should be resubmitted with the correct information*) | Click here to enter text. |
| CTSIB regulatory staff completing this section | Initials: | Date: |
| Comments: Click here to enter text. |