

APPLICATION FOR UFCOM-J CENTER FOR BIOSPECIMEN PROCUREMENT SERVICES

Applicant Information:

Date:	Principal Investigator:
Contact person (if different from PI):	Contact Email:
Department:	Division:
Type of Service Requested: <input type="checkbox"/> Procurement <input type="checkbox"/> Process <input type="checkbox"/> Storage <input type="checkbox"/> Distribution	

Project Information:

Project Title:	
Project Funding Source: Federal Industry Department Other Internal	
Sponsor:	UFIRST # of grant:
IRB#:	IRB Expiration Date:

Specimen Information:

<u>From the approved IRB protocol listed above</u>	
List specimen types for procurement:	
Total # of Specimens:	Total # of Specimens:
Indicate age range of subjects:	
Indicate the patient population(s) approved (i.e. pregnant women, terminally ill, men only, minorities only, etc.):	

Additonal Required Attachments:

- Copy of IRB approval letter
- Copy of IRB approved protocol
- Addendum A (if approved as exempt protocol)
- UF IRB Confidentiality Agreement for coded biologic samples and/or data (if applicable)
- Lab manual (if applicable)

Fax or email the completed packet to CBP:

FAX- 904-244-4338

Email- cbp@jax.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 COM-J Center for Biospecimen Procurement (CBP) 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 Office for Human Research Protections-approved Assurance.

I agree to provide the COM-J CBP with a summary of results obtained from any study that I conduct using the tissue provided by the CBP. 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 COM-J CBP will not release the results of these studies without first getting permission from you (the investigator signing this form). In addition, the COM-J CBP 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 handling of human specimens in my laboratory.

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

I hereby agree that the samples provided by the COM-J CBP 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:

PI Signature:

Date:

Chair Signature:

Date: