

APPLICATION: SCCI at SIU School of Medicine Tissue Bank

I. DIRECTIONS - This application is intended for the use and processing of samples utilized by the laboratory and/or personnel that fall under the supervision of the PI listed in the application.

The information requested in these forms is necessary in order to document correctly your request for tissue and other services and to ensure that the SCCI Tissue Bank operates within the guidelines of its Protocol and applicable state, federal, and institutional guidelines. When submitting a written request for services:

- A. Please print neatly or type.
- B. Please be specific about your requirements for handling tissue (i.e., refrigeration status).
- C. Patient identity is confidential. Samples will be coded and delivered at a processing fee of \$20/sample plus any applicable shipping costs. Additional charges may be assessed for special preparation.
- D. **HUMAN SUBJECTS APPROVAL SHOULD ALSO BE ATTACHED TO THIS FORM WHEN APPLICABLE.**
- E. A new Application and Use Agreement is required for each new request.

II. INVESTIGATOR DATA

| | | | | | |
|--|--|----------------|------------|----------------|--------|
| A. | Principal Investigator: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Last Name</td> <td style="width: 30%; border: none;">First Name</td> <td style="width: 20%; border: none;">Middle Initial</td> <td style="width: 20%; border: none;">Degree</td> </tr> </table> Investigator's Title: _____ Primary Mailing Address Street Address: _____ Room/Bldg.: _____ Department: _____ Institution: <input type="checkbox"/> SIU School of Medicine <input type="checkbox"/> Southern Illinois University City: _____ State: _____ Zip Code: _____ Attention: _____ Investigator Phone (Day): _____ Ext. _____ (Nights/Weekends): _____ Ext. _____ FAX Number at which you may be notified: _____ e-mail: _____ | Last Name | First Name | Middle Initial | Degree |
| Last Name | First Name | Middle Initial | Degree | | |
| Laboratory Contact Person: _____ Alternate Contact: _____ Lab/Phone: _____ Ext. _____ e-mail: _____ | | | | | |
| B. | Shipping Address (if different from above): Street Address: _____ Room/Bldg.: _____ Department: _____ Institution: _____ City: _____ State: _____ Zip Code: _____ Attention: _____ | | | | |

C. Billing Information: Account Number/ Budget Purpose Number to be billed: _____

Is a purchase order required for shipment of specimens to your institution? Yes No

If so, please list name of contact for P.O.:
 Name: _____ Phone: _____

Currently, invoices are mailed to you. If you would like them mailed to another location (e.g. your billing department), please enter that address below.

Billing Address (if different from the shipping address):
 Institution: _____
 Department: _____
 Street Address: _____
 Room/Bldg.: _____
 City: _____ State: _____ Zip Code: _____
 Attention: _____ Courier Account Number: _____

PLEASE provide a courier account number. If a courier account number is not provided, shipping charges will be added to your invoice.

III. FUNDING INFORMATION FOR THE PROJECT SPECIMENS ARE BEING PURCHASED FOR

Tissues will be provided to investigators on a rotating basis in the following priority order:

1. Peer reviewed funded investigators (including Federal and National laboratories)
2. New investigators and academic investigators developing new research projects.
3. Other investigators

A. To help determine your priority, please include your major research grant. Institutional and other funding sources may be listed. If you are currently unfunded, please indicate below:

Funding Source For This Project

Period of Support

| Funding Agency | Grant Number | Start Date | End Date | Comment |
|----------------|--------------|------------|----------|---------|
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B. Please provide the title and a short research summary of the proposed research on the tissues you are requesting from the SCCI Tissue Bank (*use separate page*). If additional specific specimen parameters are needed for a specimen that are not currently provided or addressed in this application please indicate so in section D below. The Tissue Bank may or may not be able to meet your request.

IV. SERVICES REQUESTED

A. Human Tissue Specimen Criteria

NOTE: A NEW APPLICATION MUST BE FILLED OUT FOR EACH DIFFERENT TYPE OF TISSUE OR ANATOMIC SITE (i.e. breast, prostate, colon)

Anatomic Site and Tissue Type: _____

Malignant Benign Normal Diseased: _____ Other: _____

If malignant is selected: Primary and/or mets Primary only _____

Anatomic Comment: _____

Is matched peri-normal tissue from the same patient required? Yes, any tissue If possible, any tissue

No Not Applicable

Please Note that specimens must be purchased in matched sets of peri-normal and malignant tissue unless set is not available.

Match Comment: _____

Is serum from the same patient required? Yes No

Is whole blood from the same patient required Yes No

Gender _____ Race _____ What are your age limitations? _____

Will you accept tissue from: Surgery _____ Time Constraints _____ Post

Transplant _____ Time Constraints _____ Post

Autopsy _____ Time Constraints _____ Post

B. Preparation and Preservation of Specimens

Fresh Specimen(s) Requested Note: Media or solution must be provided by the Recipient Investigator

Must Specimen be Sterile? _____ Wrap in Gauze? _____

Fresh Prep Comments (e.g. specifics regarding media and shipping requirements for fresh specimen(s)): _____

Snap-Frozen Specimen(s) Requested

Frozen Preparation _____

Frozen Preparation Comments _____

Fixed Specimen(s) Requested

Fixed Preparation _____

Fixed Preparation Comments _____

C. Additional Specifications

Amount of tissue required (minimum and maximum weight in grams): _____

Total number of specimens needed: _____

Malignant Disease w/ match peri-normal _____

serum _____

Whole blood _____

other _____

Requested starting date to receive tissue: _____

D. Additional Specimen parameters

Are identifiers being requested? _____

Prior Treatment options required? _____

Pathological data required? _____

Other? _____

V. NOTICE

Although the TBF attempts to avoid supplying tissues contaminated with highly infectious agents, all tissues should be handled as if potentially infectious. The TBF will not be liable for any injury (including death), damage or loss that may arise either directly or indirectly from their use.

The investigator assumes all risks and responsibility in connections with receipt, handling, storage, use, or disposal of tissues. The investigator receiving these tissues also assumes full responsibility for informing and training all personnel in the dangers and procedures for safe handling of these and other human tissues. The TBF will not be liable to the investigator or any personnel for any loss, claim, or demand made by the investigator or any personnel, or made against the investigator or any personnel by any other party from the receipt, handling, storage, use, or disposal of tissues by investigator.

The investigator agrees to indemnify and hold harmless the SIU Cancer Institute and SIU from any and all claims, costs, damages or expenses resulting from any injury (including death), damage or loss that may arise from the receipt, handling, storage, use, or disposal of tissues provided by the TBF.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

Name of Recipient (Please Print)

Signature of Recipient

Date

Division or Department

REQUEST APPROVED BY COMMITTEE: _____ YES _____ NO

TISSUE BANK DIRECTOR OR DESIGNEE SIGNATURE **DATE**

SCCI TISSUE BANK USE AGREEMENT

This agreement governs use of the research materials supplied to the recipient investigator (hereafter "RECIPIENT") by the SimmonsCooper Cancer Institute (SCCI) Tissue Bank at Southern Illinois University's School of Medicine (hereafter "TISSUE BANK"). These materials were collected under Protocol #08-112 as approved by the institutional review board (Springfield Committee for Research Involving Human Subjects [SCRIHS]).

Only the following information will be supplied (as available) for the stored biological specimens:

gender, age (up to age 90 or stated as > 90), race, histological and pathological information of the specimen.

If RECIPIENT requires additional information pertaining to the specimens or the specimen donor, RECIPIENT must submit and obtain a separate use protocol with the Springfield Committee for Research Involving Human Subjects. Absent any required approvals, RECIPIENT shall not re-identify the Material or contact a respective donor, nor attempt the same.

The RECIPIENT agrees that the research material and information ("Material") to be provided by the TISSUE BANK will be used only for the research purposes specified in the corresponding application and as otherwise required by law and that tissues and their products shall not be sold (or distributed free of charge) to third parties, nor used to produce commercial products (including the production of cells or cell products for sale). Any additional use of the Material requires prior approval by the Tissue Bank Committee and, in certain circumstances, by SCRIHS.

RECIPIENT acknowledges that the conditions for use of the Material are governed by the TISSUE BANK ADVISORY COMMITTEE and SCRIHS in accordance with Department of Health and Human Service regulations at 45 CFR 46. RECIPIENT agrees to comply fully with all such conditions and to report promptly to the TISSUE BANK any (i) proposed changes in the research project, (ii) any unanticipated problems involving risk to subjects or others, or (iii) disclosure of Material which is not consistent with this Agreement. RECIPIENT remains subject to applicable State or local laws or regulations and institutional policies which provide additional protections for human subjects.

RECIPIENT shall use appropriate safeguards to prevent uses or disclosures of Material which are not consistent with this Agreement. RECIPIENT shall ensure that any agents to whom it provides the Material agree to abide by the same restrictions and conditions of this Agreement, and shall further ensure that sharing of said Material is permissible under this Agreement and applicable law.

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| Tissue Bank Director Signature | Printed Name | Date |
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| Tissue Bank Technician Signature | Printed Name | Date |
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| Data Manager Signature | Printed Name | Date |
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| Recipient Investigator Signature | Printed Name | Date |
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