

Specimen Request Checklist

Request ID # _____

A. INITIAL REQUEST

_____ Application Received (note date in header of application)
_____ Application Legible and Correctly Filled Out
_____ Application Signed by Investigator

_____ Application Returned to Investigator for Additional Information
_____ Date Investigator Notified of Additional Information Requirement
_____ Information Required for Processing

_____ SCI Use Agreement Provided and signed
_____ Request ID has been assigned and noted

_____ Is the Investigator requesting Identified Information?
(If Yes, the Investigator is required to provide an IRB approval or exemption prior to request processing.)

_____ IRB Approval or Exemption Received
_____ Date of Receipt of Approval (date noted in header of application)
_____ Date of IRB Approval or Exemption

_____ Is the investigator requesting additional patient information without identifiers?
(If Yes, ask for a listing of variables from the Investigator if not provided. Consult with the Director and/ or Committee to determine if the Investigator will need IRB approval for the information.)

Variables Requested: _____

_____ **ALL INFORMATION FOR A REQUEST REVIEW HAS BEEN PROVIDED**

Technician Signature: _____

B. REQUEST REVIEW

_____ All documents have been provided and scanned in for email

_____ Application	_____ Summary/ Grant
_____ Use Agreement	_____ IRB approval/ Exemption

_____ List of available specimens

_____ Email for Request for Review has been sent to committee members

_____ Date email sent

_____ Date approval response required by
(5 business days from original email)

_____ Email approval received

_____ Robinson _____ Elbe

_____ Malone _____ Godwin

_____ Peralta _____

_____ Committee meeting required for request review

_____ Date of Committee meeting

_____ 4 of 5 approvals have been received

_____ Application Request Signed (Note date of approval on application header)

_____ Tissue Bank Technician notified of approval

_____ Date of notification

Director Signature: _____

C. RELEASE OF SPECIMEN(S)

_____ Investigator notified of approval

_____ Date of notification

_____ Potential List of core IDs and specimens gathered for review

_____ Potential Specimens collected under 01-183 have been reviewed for the
5 questions on use of specimens.

_____ Tissue Release Form filled out for each specimen

_____ Specimen List generated for
Investigator, Record of Release, and
for Invoice

_____ Tissue Released to Investigator

_____ Date of Release

_____ Invoice prepared and submitted to the investigator

D. DOCUMENTATION FILING

_____ Application and Tissue Release Forms provided to the Clinical Research Office

_____ Date forms provided to Clinical Research Office

Technician Signature:
