

	DATES
Application Rec'd	_____
Human Subjects Rec'd	_____
Reviewed & Approved	_____
Added to Req. List	_____
Guidelines Sent	_____

**REQUEST FOR SERVICES**

**UAB TISSUE BIOREPOSITORY (UAB-TBR)**

**I. DIRECTIONS**

The information requested in these forms is necessary to ensure that your request for tissue and other services is correctly documented.

When submitting a written request for services:

- A. Please neatly print or type.
- B. Please be specific about the handling of tissue specimens (i.e., need for sterility, transport media, refrigeration status, etc.).
- C. All samples will be coded and prepared as specimens at an appropriate processing fee (Please see section III and separate chart for our updated fees). Patient identification is confidential.
- D. The completed application form should be sent via e-mail to [TBRNotification@uabmc.edu](mailto:TBRNotification@uabmc.edu)

For additional information, contact us at the email above or by phone at 205-934-6071.

**II. INVESTIGATOR DATA**

- A. Principal Investigator: \_\_\_\_\_  
Investigator's Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_ (Nights/Weekends): \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact's E-Mail Address: \_\_\_\_\_

Is the PI a member of the O'Neal Comprehensive Cancer Center?  Yes  No

**III. LEVEL OF SERVICES REQUESTED**

Fresh, frozen, or fixed tissue provided to investigator with QC assessment and a de-identified copy of the pathology report. A processing fee of \$40/specimen for initial preparation method and \$15 for subsequent preparation method of same specimen will be assessed.

Frozen tissue banked for investigator. Collection of tissue, with QC assessment and de-identified copy of pathology report. A processing fee of \$40/specimen for initial collection method and \$15 for subsequent preparation method of same specimens will be assessed. Banking of specimen will be charged at rate of \$1/month.

#### IV. REQUEST DETAILS

##### A. Human Tissue Specimen Criteria:

1. Anatomic Site or Tissue Type: \_\_\_\_\_  
 Nonneoplastic;  Neoplastic;  Other: \_\_\_\_\_
2. Is nonneoplastic matched tissue required from the same patient?  YES  NO  IF AVAILABLE
3. Tissue Source:  Surgical resection  Autopsy  Transplant. If autopsy material is acceptable, specify time constraint: within \_\_\_\_\_ hrs. after death
3. Will you accept tissue from patients previously treated with:  
Radiation?  YES  NO  
Chemotherapy?  YES  NO  
Unknown treatment?  YES  NO
4. Patient Limitations (*i.e.*, age, race, sex, or other limiting characteristics): \_\_\_\_\_  
\_\_\_\_\_
6. Amount of tissue required (minimum size or dimension): \_\_\_\_\_  
\_\_\_\_\_
7. Must specimen be sterile?  YES  NO  AS CLEAN AS POSSIBLE
8. Frequency tissue is needed: \_\_\_\_\_
9. Total number of specimens needed: \_\_\_\_\_
10. Requested starting date to receive tissue: \_\_\_\_\_

**NOTE: Please notify UAB-TBR at [TBRNotification@uabmc.edu](mailto:TBRNotification@uabmc.edu) ASAP if your needs change.**

##### B. Preparation and Preservation of Specimens (please mark only those that apply):

- Fresh.** Indicate media requirements (*i.e.*, Saline, RPMI 1640, investigator provided media, wrap in wet gauze, keep dry): \_\_\_\_\_
- Frozen.** Indicate freezing requirements (*i.e.*, fresh-frozen, OCT): \_\_\_\_\_
- Fixed.** Indicate fixative requirements (*i.e.*, wet fixed in 10% NBF, processed to FFPE): \_\_\_\_\_
- Archival Sections of Diagnostic FFPE blocks** - Please Contact Dr. Dezhi Wang [[dezhiwang@uabmc.edu](mailto:dezhiwang@uabmc.edu), (205) 934-9872] to assist in identifying a surgical pathologist to collaborate according to their subspecialty and area of interest.
- Other** (*specify*): \_\_\_\_\_

##### C. Specimen Information Required

Anatomic site of tissue, provisional diagnosis, final quality control diagnosis, and patient age, sex and race (if available) will be provided for all specimens. Please indicate below if other information will be needed. Additional charges will apply for additional information requested that requires extraction from the clinical records. Please note below if additional information is requested:

\_\_\_\_\_

**V. RESEARCH SUMMARY**

Please provide us with a title and short research summary of your proposed research intent with the tissues you are requesting.

**Title:**

**Research Summary:**

Please list below all grants which will utilize tissues supplied by the TBR (This information will be useful for the preparation of our grant renewal for the continuation of this facility):

<u>Grant # or Identification</u>	<u>Funding Source (Agency)</u>	<u>Period of Support</u>
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**VI.** Investigators who wish to receive human tissues through the UAB Tissue Biorepository (UAB-TBR) **MUST HAVE** human use approval, exemption, or documentation of IRB review for the project for which the requested specimens will be used. **A COPY OF THAT APPROVAL, EXEMPTION DESIGNATION or IRB REVIEW SHOULD BE RETURNED WITH THIS COMPLETED FORM.** If you do not have this approval, it can be obtained through the Institutional Review Board (Human Use) Committee. Please contact the TBR [TBRNotification@uabmc.edu](mailto:TBRNotification@uabmc.edu) or 205-934-6071 if assistance is needed for completion of the IRB documents pertaining to tissue collection and identification.

**VII.** Investigators who are planning to identify and consent patients themselves must provide with this application a copy of the consent form that will be utilized to consent patients.

**AGREEMENT FORM**

**UAB TISSUE BIOREPOSITORY (UAB-TBR)**

I. Agreement for use of Tissues Provided from the UAB Tissue Biorepository (UAB-TBR)

I hereby agree that the tissues provided by the UAB-TBR will be used for research purposes only. Tissues shall not be sold or distributed further to third parties. The tissues are provided as a service to the research community without warranty or merchantability of fitness for a particular purpose or any other warranty, express or implied. I agree not to attempt to obtain information identifying the individuals providing tissues to the UAB-TBR unless I have express permission from the UAB IRB to know the identity of the patients.

II. Tissues of Human Origin Agreement

I understand that although the UAB-TBR attempts to avoid supplying tissues contaminated with highly infectious agents such as hepatitis, HTLV-III, etc., all tissues should be handled as if potentially infectious. The UAB-TBR accepts no responsibility for any injury (including death), damage or loss that may arise either directly or indirectly from the use of these tissues. I assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues. I, as the investigator receiving these tissues, also **ASSUME FULL RESPONSIBILITY FOR INFORMING AND TRAINING ALL PERSONNEL IN THE DANGERS AND PROCEDURES FOR SAFE HANDLING OF THESE AND ALL OTHER HUMAN TISSUES.** I further agree to indemnify and hold harmless the UAB-TBR from any claims, costs, damages or expenses resulting from any injury (including death), damage or loss that may arise from the use of the tissues provided by the UAB-TBR.

III. Acknowledgement Agreement

I hereby agree to **acknowledge the contribution of the UAB-TBR in all publications resulting from the use of these tissues.**

**BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS I-III ABOVE:**

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division or Department