

APPLICATION: COOPERATIVE HUMAN TISSUE NETWORK

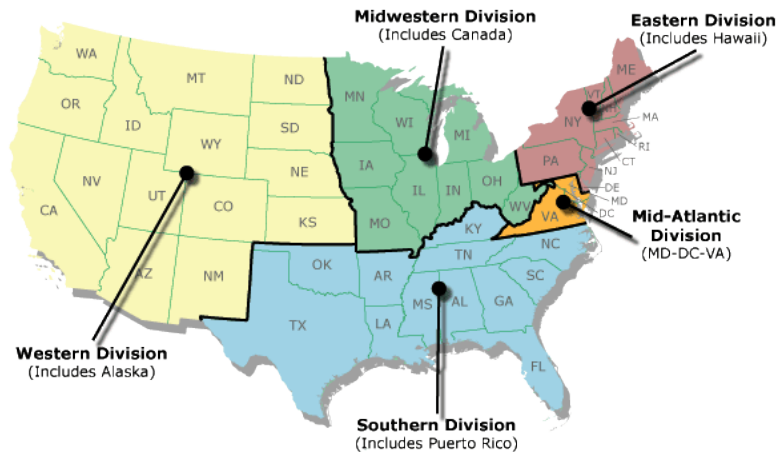
I. DIRECTIONS- This application is intended for the use and processing of samples utilized by the laboratory and/or personnel that fall under the supervision of the PI listed in the application. Any transfer of samples or aliquots to personnel or laboratories that are not under the supervision of the indicated PI requires the following:

- An explanation of the need to transfer the materials and benefit to the investigator.s research.
- A copy of the enclosed CHTN agreement page signed by the collaborator.
- A copy of the collaborator.s IRB approval unless the collaborator is covered under the IRB approval granted for the project proposed in this application.

The CHTN does not supply samples to banks solely for distribution to third party researchers; those researchers should be encouraged to apply to the CHTN directly.

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 CHTN operates within the guidelines of the National Cancer Institute. When submitting a written request for services:

1. Please print neatly or type.
2. Please be specific about your requirements for handling tissue samples from the time the specimen is collected until it is delivered to your lab (i.e.; need for sterility, transport media, refrigeration status, etc.)
3. Patient identity is confidential. Samples will be coded and delivered at a processing fee of \$40/sample for investigators at academic institutions and \$80/sample for investigators at non-academic institutions, plus shipping costs.
4. Investigators must have human use approval to receive tissue from the CHTN. Either full or expedited approval can be obtained from your Institutional Review Board (Human Use Committee). **A COPY OF THE HUMAN SUBJECTS APPROVAL SHOULD BE ATTACHED TO THIS FORM.** An annual human subjects review is required and must be forwarded to the CHTN in order to maintain your eligibility to receive tissue.
5. For pediatric tissue (available nationwide) please complete this application and mail directly to Nationwide Children's Hospital (see address below).
6. For additional information call the Division for your state (see map below). Send completed forms to this Division.



<p>Eastern Division Dee McGarvey, Division Coordinator 3400 Spruce St. 566 Dulles University of Pennsylvania Medical Center Philadelphia, PA 19104 Tel: 215-662-4570 Fax: 215-614-0251 dfitzsim@mail.med.upenn.edu PI: Dr. Virginia LiVolsi</p>	<p>Mid-Atlantic Division Craig Rumpel, Division Coordinator PO Box 800214 Dept. of Pathology University of Virginia Health Systems Charlottesville, VA 22908-0214 Tel: 434-982-6453 Fax: 434-924-9438 crumpel@virginia.edu PI: Dr. Christopher Moskaluk</p>	<p>Midwestern Division Laurie Johnson, Division Coordinator The Ohio State University Dept. of Pathology Polaris Innovation Centre, Suite 2066 Columbus, OH 43240 Tel: 614-293-8528 Fax: 614-293-7013 laurie.johnson@osumc.edu PI: Dr. Wendy Frankel</p>
<p>Pediatric Division Laura Monovich, Division Coordinator Nationwide Children's Hospital 700 Children's Drive Rm W135 Columbus, OH 43205 Tel: 614-722-2714 Fax: 614-722-2897 laura.monovich@nationwidechildrens.org PI: Dr. Nilsa Ramirez</p>	<p>Southern Division Kathy Sexton, Division Coordinator Tissue Procurement, ZRB 449 University of Alabama at Birmingham 1530 Third Ave. South Birmingham, AL 35294-0007 Tel: 205-934-6071 Fax: 205-934-0816 sexton@uab.edu PI: Dr. William Grizzle</p>	<p>Western Division Kerry Wiles, Division Coordinator Vanderbilt University Medical Center 4918 TVC Building 22nd & Pierce Ave. Nashville, TN 37232-5310 Tel: 615-322-7486 Fax: 615-934-0816 kerry.wiles@vanderbilt.edu PI: Dr. Kay Washington</p>

IV. Services Requested (Please copy this page as needed for multiple requests).

A. Human Tissue Specimen Criteria

1. Anatomic Site or Tissue Type _____

Malignant Benign Normal Diseased Other

If malignant is selected, please specify:

Primary and/or mets Primary only Mets only Any malignant

specify type of malignancy: _____

2. Is matched uninvolved tissue from the same patient required? Yes No If available

3. Will you accept tissue from patients previously treated with Radiation Chemotherapy?

4. Must specimen be sterile? Yes No As clean as possible

5. Gender: Male Female Either

6. Tissue Source:

Surgical - Must be collected/processed within _____ hrs of sx **OR** time constraint not applicable

Autopsy - Must be collected within _____ hours after death

7. Patient Limitations (i.e., age, race, or other limiting characteristics): _____

8. Amount of tissue required (minimum to maximum size or dimension): _____

9. Frequency tissue is needed: _____

10. Total number of samples needed: _____

11. Requested starting date to receive tissue: _____

B. Preparation and Preservation of Samples (please mark only those that apply)

Fresh (Indicate media requirements)

Transport Media; Saline; Dry; Other: _____

(if preference for transport media, e.g. RPMI, L-15, DMEM, please indicate): _____

Wrap in Gauze? Yes No

Add supplements:

Antibiotics (Indicate type & amount) _____

Fetal Calf Serum (Indicate percentage) _____

Fungizone (Indicate amount) _____

Shipping Requirements (wet ice, room temp. etc.)

Frozen [Indicate freezing requirements (fresh-frozen, OCT, etc.)] _____

Fixed [Indicate fixative requirements (10% BNF, etc.)] _____

Will you accept Saturday deliveries, if notified? Yes No Sometimes, if notified

Sample Information Required: (Anatomic site of tissue, provisional diagnosis, final diagnosis, quality control diagnosis and patient age, sex and race [if available] will be provided for all samples.) Additional patient information may be available, but you must request it in this application and justify its necessity for your research. Requests for additional information cannot be accepted after the application is received.

(NOTE: please notify your division coordinator ASAP if your needs change).

AGREEMENT FOR USE OF TISSUE

The recipient/investigator agrees that the tissues provided by the Cooperative Human Tissue Network (CHTN) will be used only for the purposes specified in this application. The recipient agrees not to attempt to obtain information identifying the individuals providing tissues to the CHTN. The recipient agrees that it shall not sell any portion of the tissues provided by the CHTN, or products directly extracted from these tissues (e.g. protein, mRNA or DNA). The recipient agrees that it shall not transfer tissue (or any portion thereof) supplied by the CHTN to third parties without the prior written permission of the CHTN.

The recipient understands that while the CHTN attempts to avoid providing tissues that are contaminated with highly infectious agents such as hepatitis and HIV, all tissues should be handled as if potentially infectious. The individuals who have supplied tissue to the CHTN have not agreed to have clinical tests performed on this tissue (e.g. for the presence of infective agents such as hepatitis), therefore, the recipient agrees not to perform such tests on the tissues supplied by the CHTN. The recipient acknowledges that the institution where the tissue will be used follows OSHA regulations for handling human specimens and will instruct their staff to abide by those rules. The recipient further agrees to assume all responsibility for informing and training personnel in the dangers and procedures for safe handling of human tissues.

Tissues are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. The CHTN accepts no responsibility for any injury (including death) damages or loss that may arise either directly or indirectly from their use.

The recipient agrees to acknowledge the contributions of the Cooperative Human Tissue Network in all publications resulting from the use of these tissues. Recommended wording to the methods or acknowledgement section is as follows: *"Tissue samples were provided by the Cooperative Human Tissue Network which is funded by the National Cancer Institute. Other investigators may have received specimens from the same subjects."*

When tissue is to be used at State Institutions: The institution agrees to be responsible for any claims, costs, damages, or expenses resulting from any injury (including death), damage or loss that may arise solely from the receipt, handling, storage and use of tissues received from the CHTN to the extent permitted under the laws of this State. The undersigned warrants that they have authority to execute this agreement on behalf of the recipient institution.

When tissue is to be used at U.S. Government Agencies: The US government assumes all risks and responsibilities in connection with the receipt, handling, storage and use of tissues received from the Cooperative Human Tissue Network. The United States assumes liability for any claims, damages, injury or expense arising from the use of the material or any derivative, but only to the extent provided under the Federal Tort Claims Act (28 U.S.C. Chap. 171).

When tissue is to be used by all other institutions: The institution agrees to assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues from the Cooperative Human Tissue Network. It further agrees to indemnify and hold harmless the Cooperative Human Tissue Network and the United States Government from any claims costs, damages or expenses resulting from the use of the tissues provided by the CHTN. The undersigned warrant that they have authority to execute this agreement on behalf of the recipient institution.

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

Typed Name of Recipient

Agency

Typed Name of Official Authorized
to Sign for the Agency

Signature of Recipient/Date

Division or Department

Authorized Signature/Date

UPON RECEIPT OF THESE SIGNED UNDERSTANDINGS AND THE INFORMATION REQUESTED ABOVE, THE COOPERATIVE HUMAN TISSUE NETWORK WILL CONSIDER THIS REQUEST AND ALL FUTURE REQUESTS FOR TISSUE. Specific questions about your application should be directed to your regional coordinator. Other questions may be directed to the NCI Program Director, Ms. Kelly Kim at 301-435-0509.