

Specimen Request Form OHSU BioLibrary

Principal Investigator (P.I.) name:	
Contact name:	
Contact phone:	
Contact email:	
Delivery address:	
Request date:	
Project title:	
Billing information (Alias and FAID):	
If grant-funded, granting agency:	
Grant number:	

Request criteria: Please complete as much information as possible to improve turnaround time.

Number of cases:	
Surgical Pathology # or specimen # (if known):	
Anatomic site:	
Diagnosis:	
Primary or metastasis, or either:	
Resection or Biopsy, or either:	
Specimen type: (FFPE, Fresh Frozen, OCT)	
Planned use: (e.g. TMA, IHC, DNA, etc.)	
Matched normal needed (Yes/No):	
Minimum percent tumor:	
Maximum percent necrosis:	
Format requested: (whole sample, cores, sections, shavings)	
For cores: Size and number of cores:	
For sections: Number of sections, thickness (µm), minimum section area (mm²):	
For frozen tissue: Weight (g):	
Other needs:	

IRB Items- Please mark the following as appropriate:

Coded or Identified Samples?

I am an investigator requesting **coded samples** from the OHSU Biolibrary. The code will be held securely by the OHSU Biolibrary and I will not be given access to any identifying information.

I am an investigator requesting **identified (name or MRN) samples** from the OHSU Biolibrary and have an IRB-approved protocol #: _____

Under this protocol, I have (mark all that apply):

- IRB approved consent and HIPAA authorization
- IRB approved Waiver of HIPAA authorization
- With accounting of disclosures (noted by IRB on the approval memo)
- IRB approved Data Use Agreement (if limited data set is going to be shared outside OHSU for an investigator not named on the OHSU HIPAA Authorization form)

Exception: If the samples are all from deceased individuals, then you only need an Investigator attestation to the IRB that research involve only decedent's information, rather than an IRB-approved protocol. IRB# for attestation: _____

Genetic Research?

This project involves genetic analysis or testing (DNA, RNA, protein expression thought to be controlled by a genetic trait):

- No
- Yes, and I have IRB determination that this is Non-Human Subjects research
IRB# _____ OHSU IRB or Other: _____
- Yes, and I have an IRB-approved protocol.
IRB# _____ OHSU IRB or Other: _____

Note: For deidentified or coded datasets, possible indirect identifiers (e.g. rare diseases, extremes of age, and combinations of data elements) will be obfuscated as needed to ensure privacy.

Sample Use Agreement

In accepting materials from the OHSU Biolibrary, the investigator must agree to the following statements.

- I will assume all responsibility for security of PHI once it is released from the BioLibrary.
- The materials that I receive will be in use only for the duration of the IRB approval for my project. I understand that if the project's approval lapses, the OHSU BioLibrary will cease providing access to new specimens/data until there is evidence of re-approval.

Oregon Health & Science University
Knight Tissue Bank IRB Protocol #: 4918

- I acknowledge that I will not share any of the specimens or related data with other researchers or entities outside of the investigators listed on the protocol for a subsequent research question/project unless there is subsequent OHSU Biobank and/or IRB review, nor will I conduct any research that is outside the scope of the IRB approval for this project.
- I acknowledge that if any data elements are genetic information, OHSU BioLibrary staff will verify for each subject whether the subject exercised their right to refuse to participate in genetic research. Materials from objecting subjects will be excluded from any datasets for genetic data elements.
- I acknowledge that in order to facilitate processing of my request, OHSU BioLibrary staff will be given access to IRB study information within the OHSU eIRB system. I further acknowledge that I will be required to provide proof of continuous IRB approval if using another IRB.
- I acknowledge that OHSU BioLibrary staff will report to the ORIO all disclosures of PHI, in cases where accounting for disclosures has been required by the OHSU IRB.

In signing the form below, the Investigator accepts the above conditions and agrees to abide by the OHSU BioLibrary rules as stated above. A complete list of all materials provided to the investigator will be kept on file. Unused materials may be returned if they have been properly stored in the investigator's laboratory.

Printed name of Principal Investigator

Signature of Principal Investigator

Date signed

For internal use only	
Reviewed by:	
Reviewed date:	
Request number:	