University of Kentucky

NeuroBank

NEUROSCIENCE RESEARCH PRIORITY AREA

BIOSPECIMEN REQUEST APPLICATION

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Bibi Broome, MS, NeuroBank Manager
406 Biomedical Biological Sciences Research Building
741 S. Limestone Street
Lexington, KY 40536
Phone: (859) 257-2560

De-identified blood, CSF, and/or human brain tissue will be supplied. Funding source and period of grant support are REQUIRED. A copy of the signed IRB approval (or exception) document and a copy of HIPAA approval (or exception) document are REQUIRED. The NeuroBank User Agreement is REQUIRED for the transfer of material for all requests. *ACKNOWLEDGE the UK NeuroBank / Neuroscience Research Priority Area in publications. Provide reprints when available.* Please submit completed form with attached copies of the required documents (IRB Approval, CV) to NeuroBank@uky.edu.

Date: _____

Principal Investigator: _____

Institution: _____ Department: _____

Lab Contact Person: _____

Email: _____ Phone Number: _____

Co-Investigators and Affiliations: _____

_____

IRB Approval Number (or attach approval document): _____

IRB Continuation Review Date: _____

Funding Source: _____

Grant Number: _____

Period of Funding: _____

Budget (entire funding period): _____

Laboratory Shipping Address: _____

_____

FedEx Account (shipping cost only) #: _____

ALL REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY THE UK NEUROBANK OVERSIGHT COMMITTEE.

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The University of Kentucky will provide a Material Transfer Agreement (MTA) to document all external user transfers.

PROJECT TITLE: _____

Attach Abstract (100 – 250 words)

External Institution's MTA Contact Name: _____

Phone/Email: _____

Sample Information:

1) Type of Specimen Requested: Brain tissue ☐

Blood:
Serum ☐
Buffy Coat ☐
Plasma-EDTA ☐
Plasma-Heparin ☐

CSF ☐

2) Type of Case(s) required and Number of Samples: Control _____

Specify neurologic diagnosis (_____) _____

(_____) _____

(_____) _____

3) Subject's Demographics: Age range _____

Gender _____

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4) Inclusion/Exclusion Criteria: _____

_____

_____

5) Specific areas and quantity per case:

Site (e.g. frontal cortex)	Quantity (grams, mLs)	# of sections (e.g. 5 sections per block)

6) Additional concerns or variables to consider:

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Human Tissue Handling Risks & Safety Precautions Statement

This notice is to inform you that samples from the UK NRPA NeuroBank may be fresh human tissue (e.g., brain, blood, and CSF). Working with postmortem human brain tissue carries the potential risk of exposure to infectious diseases. All human brain tissue should be treated as a potential contamination risk for certain diseases and should be handled with extreme care. It is recommended that **Universal Precautions** be followed when working with postmortem human brain tissue irrespective of the tissue preparation method. The UK NRPA NeuroBank does not knowingly distribute infectious tissue. The UK NRPA NeuroBank, however, cannot guarantee that any of the donors of brain specimens were not exposed to or carried potentially infectious agents. Ultimately, it is the responsibility of the recipient investigator to ensure that all laboratory staff while handling postmortem human brain tissue employs proper techniques.

THE HUMAN TISSUE WILL BE PROVIDED WITHOUT ANY WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ON ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER RIGHTS, OR THAT THE MATERIALS WILL NOT POSE A HEALTH OR SAFETY RISK.

The Recipient shall assume all liability for claims for damages against it by third parties that may arise from its use, storage, or disposal of the human tissue.

Please Read and Sign the Following Statement:

I (the Principal Investigator) have read the Human Tissue Handling Risks & Safety Precautions Statement and understand and accept full responsibility to ensure that proper and safe handling techniques are employed in my laboratory when working with postmortem human brain tissue.

By signing this form, I acknowledge that I understand the above information and release the UK NRPA NeuroBank and all its personnel of any liability.

Principal Investigator (Print Name): _____

Principal Investigator's Signature: _____ Date: _____

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University of Kentucky NeuroBank User Agreement

Please Read and Sign for the Following Statements:

I, (the Principal Investigator), understand that the UK NeuroBank will disperse human biological samples to my laboratory for this research project only. I must request permission in writing, for any additional studies that may use any samples received from this request. I acknowledge that this sample has been dispersed for my express use only; I will exercise a good faith effort to keep control over the samples and will not distribute any samples or fractions of samples to other investigators without prior permission of the UK NeuroBank. I acknowledge that providing any amount of the sample to colleagues, other investigators, or other laboratory facilities is specifically prohibited without express permission from the UK NeuroBank. I will direct all such requests for tissue inquiries to the UK NeuroBank.

I am aware that the material may contain infectious agents and that it should be handled accordingly. I agree to use the sample in a safe manner and in compliance with all applicable laws and regulations, including National Institutes of Health guidelines. I warrant that I have obtained any Institutional Review Board or Ethics Committee approval required for the use of the samples.

☐ **I agree to provide specific acknowledgment of the UK NeuroBank and the Neuroscience Research Priority Area in any publications related to the use of these samples and provide reprints when available. If the UK NeuroBank has reason to believe that you or other members of your research group have not complied with this user agreement, the violation will be reviewed by our Advisory Committee and a range of options will be considered including the immediate suspension of any further sample distribution to you in the future, and/ or lesser alternative sanctions.**

By signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement. I may decline to electronically sign this document and withdraw my consent to sign this document electronically by contacting the signature requestor directly, which may delay transactions. I may contact the signature requestor separately to request to sign this document on paper or to receive a paper copy of the signed document.

Principal Investigator (Print Name): _____

Principal Investigator's Signature: _____ Date: _____

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