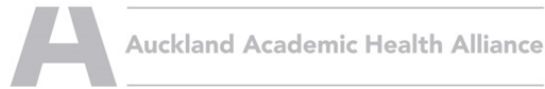


Auckland Regional Tissue Bank Application for Sample Withdrawal Form

1. INVESTIGATOR INFORMATION

Investigator name: (include title)		
Investigator contact details:	Current position or appointment:	
	Institution:	
	Address:	
	Email:	
	Telephone:	
Co-Investigator name:		
Co-Investigator contact details:	Current position or appointment:	
	Institution:	
	Address:	
	Email:	
	Telephone:	



Investigator CV. Please insert a short CV which includes your professional education, research and professional experience and peer-reviewed publications published in the last 5 years.

2. TISSUE SAMPLE REQUEST

Have you contacted the Auckland Regional Tissue Bank staff to confirm sample numbers for your project are available?

YES

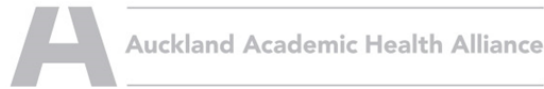
NO - Please contact the Auckland Regional Tissue Bank Manager for information

Ph: (09) 9234058

Email: tissuebank@auckland.ac.nz

Describe the samples you are requesting from the Auckland Regional Tissue Bank. Add more boxes if necessary.

Sample request 1	WHO Classification: http://apps.who.int/classifications/icd10/browse/2016/en	
	Tissue Source:	
	Sample type: (DNA, RNA, Serum etc.)	
	Volume:	
	Quantity:	



	*Sample calculations:	
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*Please provide sample number calculations to justify the number of sample requests (if applicable).

3. REQUESTS TO OTHER TISSUE BANKS

The Auckland Regional Tissue Bank on occasion receives samples from other tissue banks. To ensure you are not issued duplicate samples we request that you disclose requests to other tissue banks for this project.

Have you applied or will you be applying for samples from any other Tissue Bank/s for this project?

YES - Please provide details below.

NO

Tissue Bank name: Samples requested:	
Tissue Bank name: Samples requested:	
Tissue Bank name: Samples requested:	

4. SAMPLE LOGISTICS

Sample delivery Information:	Name of contact:	
	Person for delivery:	
	Contact person phone number:	
	Days of week and hours of operation available for courier delivery:	
	Exact delivery address to be used by courier:	

	<p>Would you like the Auckland Regional Tissue Bank to arrange sample delivery on your behalf?</p>	<p><input type="checkbox"/> YES - A courier will be organised and paid for on your behalf, you will be invoiced for this on a cost recovery basis.</p> <p><input type="checkbox"/> NO - You will organise a courier to collect samples from the Auckland Regional Tissue Bank at a day & time specified by the tissue bank staff.</p> <p><input type="checkbox"/> NOT Required - I will collect the samples in person, as arranged with tissue bank staff.</p>
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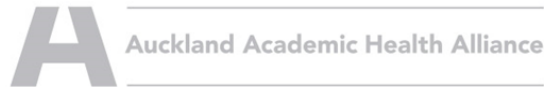
5. PROJECT INFORMATION

Project details	Title of the proposed project:	
	Anticipated project start date:	
	Anticipated project end date:	
	Location where the project will be undertaken:	
Approvals	Do you have Ethics committee approval to undertake this project?	<input type="checkbox"/> YES (attach Ethics Committee approval letter)
	Please describe the funding of this project and whether/how it has been peer-reviewed.	<input type="checkbox"/> YES - Fully funded to allow the proposed work to be completed It has been peer-reviewed by: <input type="checkbox"/> NO
Funding status of the project	Please provide details of any secured or pending funding for this project:	*Provide details below Please attach approval letter(s) for secured finding/grants(s) for this project.
	Funding details and comments:	
	Funding details and comments:	



Project description. *Please provide a description or protocol for the project that will be undertaken. Include background, rationale, methods and references.*

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6. CONDITIONS OF USE OF TISSUE BANK SAMPLES

Please read the following information and complete section 7.

Samples from the Auckland Regional Tissue Bank are provided with the intention of supporting ethically approved medical research. The samples must be used in the manner described in this application. Any change in the project direction must be communicated in writing to the Auckland Regional Tissue Bank Scientific Advisory Committee (tissuebank@auckland.ac.nz) which reserves the right to withdraw support. Samples must not be given or sold to other investigators.

The Auckland Regional Tissue Bank samples provided to researchers are de-identified. No attempts should be made by the investigator to identify the patient or to determine other patient information. If additional information is required, it should be requested through the tissue bank manager (tissuebank@auckland.ac.nz) who will forward the request to the Scientific Advisory Committee. Clinical data can be retrieved/provided when pertinent to the interpretation of research. There may be a fee associated with accessing and providing this data.

The tissue provided is as far as possible representative of the entity requested. However, diagnostic verification has not been undertaken in all cases. The Auckland Regional Tissue Bank and its sponsors accept no responsibility for the inadvertent provision of incorrect tissue. In addition, while every effort is made to provide high quality material, sample transport prior to storage is an uncontrolled variable which may interfere with sample quality. Although every attempt is made to preserve the quality of the samples, the Tissue Bank cannot guarantee that RNA will be obtained from samples.

While samples are not stored from patients with known HIV, Hepatitis B or C, the screening of patients for the presence of such pathogens is not routine. Standard precautions for the handling of human tissue and fluid should be used in all cases to prevent infection with any pathogens present. No responsibility will be taken by the Tissue Bank for injury or illness that may occur to staff handling the samples.

There may be a cost recovery charge for the provision of specimens by the Tissue Bank depending on funding arrangements. The costs of packaging and transport of the specimens will be borne by the individual requesting the samples.

The investigator(s) is required to provide a 12 month report which summarises the progress of the research and outlines the use and usefulness of the supplied samples, whether the study is ongoing and anticipated date of study completion. This is to be submitted by the end of December. You are not asked to reveal the results of the study in this report. At study completion, any remaining sample(s) should be returned to the Tissue Bank for potential use by others.

It is expected that the investigator will acknowledge the Auckland Regional Tissue Bank in any publications or presentations resulting from the project. Failure to recognise the



Tissue Bank will render the individual and/or institution ineligible for future tissue bank applications.

Copies of any publications arising from the use of Tissue Bank samples should be forwarded to the Tissue Bank Manager who will notify the Tissue Bank Advisory groups.



Auckland Academic Health Alliance



7. AGREEMENT FOR TISSUE BANK SAMPLE USE

I, (*print name*) have read, understood, and agree with the 'Conditions of Use of Tissue Bank Samples' (Section 6 above).

I additionally agree to the following:

1. That I will use the specimens provided to me by the Auckland Regional Tissue Bank only in the manner detailed in my application for these specimens. I will not share, give or sell them to a third party or use them for any purpose not specified in the application without prior specific approval.
2. That I will not, in any way, attempt to identify the patients from whom these samples were obtained, nor will I attempt to gain any personal information regarding these patients other than that obtained through the Tissue Bank. Clinical information pertaining to these patients and pertinent for my research may be requested through the Auckland Regional Tissue Bank Manager where the request will be forward to the Scientific Advisory Board. There may be a cost recovery fee for the retrieval of additional clinical data.
3. I realise that these samples have not been screened for potential pathogens and therefore may result in severe illness or even death if not handled properly. The responsibility for the correct handling of the samples lies solely in my hands and is not the responsibility of the Tissue Bank. Any illness resulting from the mishandling of these samples is not the responsibility or liability of the Auckland Regional Tissue Bank or its sponsors.
4. I will acknowledge the Auckland Regional Tissue Bank in any publications or presentations resulting from work on the samples provided.
5. Wording of acknowledgment will be in the form of: "We would like to acknowledge the Auckland Regional Tissue Bank for the provision of bio specimens for this project. The Auckland Regional Tissue Bank is supported by the Auckland Academic Health Alliance and its collaborative partners."
6. I agree to provide brief update reports to the Auckland Regional Tissue Bank Manager on a 12 monthly basis during my project that utilises samples from the Tissue Bank.
7. I agree to be bound by a Material Transfer Agreement, specifying all conditions of tissue use, this will be supplied to me once the Scientific Advisory Board has reviewed my application.

Signature of Investigator:
Full Name (printed):

Date:

8. I, the undersigned as Institutional, School, Department Head (or equivalent), have the authority to execute this agreement. This agreement specially confirms that:
 - (i) I am aware of these research plans, I agree with this application being submitted and I agree to the research being undertaken by the applicant



Auckland Academic Health Alliance



(ii) To the best of my knowledge, the investigators possess the combination of resources and experience to undertake the project precisely as described in this application, including abiding by ethics committee requirements.

Signature of Institution Head:

Full Name (printed):

Institution Name:

9. CHECKLIST

- Completed application form
- Institutional funds are available
- Approval letter(s) for secured funding/grant(s) attached
- Ethics Committee approval letter attached
- Section 7 Agreement for Tissue Bank sample use completed and signed

10. HOW TO SUBMIT THE APPLICATION FORM

Email a scanned copy of the application form to:

Tissue Bank Manager

Auckland Regional Tissue Bank

tissuebank@auckland.ac.nz

Please type in subject line 'Tissue Bank Researcher Application for review'

OR

Mail the application to:

Tissue Bank Manager

Faculty of Medical and Health Sciences

The University of Auckland

Private Bag 92019

Auckland