



Application For Use Of Surplus Tissue | From Consented Human Subjects

Tissue Access Advisory Committee

- 1. Principle Investigator: Department: Phone:
- 2. Co-Investigator: Department: Phone:
- Co-Investigator: Department: Phone:
- Co-Investigator: Department: Phone:

3. Project Title:

4. Project Type:

5. Grant Support For Project:

Title: Agency: Grant #:
P.I.: Support Period:

6. If No Grant Support For Project, Identify Support Mechanism:

7. Project Summary:

8. Do You Have An Approved IRB Protocol For This Project?

IRB #: Hospital:
P.I. of IRB: IRB Approval Period:

Please provide a complete copy of your approved IRB protocol. If you do not have an approved IRB protocol, please contact Janet Heins at jan.heins@hci.utah.edu.

9. Please provide the following information for each type of tissue requested:

Tissue Type <input type="checkbox"/>	Time <input type="checkbox"/>	Enter Number of <input type="checkbox"/>	Amount of <input type="checkbox"/>	Is Grossly <input type="checkbox"/>
(Select all that apply)	Preparation	Cases Needed	Tissue/Case	Uninvolved Tissue <input type="checkbox"/>
				Needed? <input type="checkbox"/>

Colon:

Polyp:

Breast:

Prostate:

Brain:

Ovary:

Other:

10. Has the Statistics Core Been Contacted For Help?

11. Has the Imaging Core Been Contacted For Help?

12. Name of Contact Person in Your Laboratory:

The Following Sections Are For Core Use Only:

13. Review Comments:

14. Reviewer Signature:

15. Committee Action: