UVA Biorepository & Tissue Research Facility (BTRF)

Application for Tissue Microarray (TMA) sections

Investigator Agreement

This document must be read and signed by the Principal Investigator of the study utilizing the TMA sections. **By signing this form you understand and agree to the following stipulations:**

1) **TMA tissue samples are anonymous**

The samples are stripped of all identifying information. Only basic demographic data available at the time of collection is provided. **No other clinical or pathologic data can be provided.** The University of Virginia Institutional Review Board for Health Sciences Research (IRB-HSR) has determined that samples provided in this manner are exempt from Institutional Review Board (IRB) oversight.

You agree not to seek to obtain subject identity for specimens received as anonymous, and to follow all University of Virginia policies and procedures regarding human subjects research.

2) **Limits and prioritization**

TMAs are a limited resource. In the event of excessive demand or limited supply, **the BTRF reserves the right to triage requests** according the following criteria:

1. Peer reviewed funded investigators at UVA.
2. Non-reviewed funded investigators at UVA.
3. New investigators and academic investigators developing new research projects at UVA.
4. Other investigators either inside or outside of the University of Virginia.
5. Commercial entities.

Unless discussed with and approved by the BTRF Faculty Director, a 10 slide limit is placed per study.

3) **Material transfer**

These resources have been created primarily for the benefit of researchers at The University of Virginia. **All University of Virginia policies and procedures regarding transfer of material to a third party apply to these biospecimens, and you agree to abide by these.**

4) **Biorepository Fees**

You agree to reimburse the BTRF for the fees associated with the requested TMAs. A list of fees can be obtained from the Biorepository manager at crumpel@virginia.edu

5) **Publications**

To justify the investment by UVA in this facility, you agree to acknowledge the contribution of the Biorepository and Tissue Research Facility in any publications arising from the use of these samples. We also request that a copy of the manuscript(s) be sent to us upon publication.

[Signature and date fields]

Typed or printed name of principal investigator

[Signature and date fields]

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Last form update: 08/26/2008
Please print neatly in pen or type. Please indicate funding type and Cancer Center membership.

Direct questions to: Craig Rumpel, Biorepository Manager, 2-6453, PIC#6551, crumpel@virginia.edu

Principal Investigator Name: ____________________________________________________________
Department: __________________________ Messenger Mailbox #: __________________________
Phone #: __________________________ PIC/pager #: __________________________ E-mail: __________
Lab Building and Room Number: ______________________________________________________
Contact Name (if different): ____________________________________________________________
Phone #: __________________________ PIC/pager #: __________________________ E-mail: __________

Is the Principal Investigator a member of the School of Medicine?  □ Yes  □ No
Is the Principal Investigator a Cancer Center member?  □ Yes  □ No

Account number to be billed (PTAE0, local funds preferred): ________________________________

Funding source:
Extramural: □ NCI  □ Other NIH  □ ACS  □ Other: ________________________________________
Internal: □ Cancer Center Pilot Project  □ Other: ___________________________________________

Brief description of study

BTRF TMA Requested:

TMA designation ________________________________________________________ # of sections/sets requested

□ Common Human Carcinoma TMAs – CC1 and CC2

(1 set = 2 slides)