

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

TMA's are a limited resource. In the event of excessive demand or limited supply, **the BTRF reserves the right to triage requests** according to 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 TMA's. A list of fees can be obtained from the BTRF at pp6f@uvahealth.org.

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.

Typed or printed name of Principal Investigator

Signature of Principal Investigator

Date

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Please print neatly in pen or type. Please indicate funding type and Cancer Center membership.

Direct Questions To: Pat Pramoonjago, 434-982-0487 | pp6f@uvahealth.org

Principal Investigator Name: _____

Phone #: _____ PIC/pager #: _____ Email: _____

Department: _____ Messenger Mailbox #: _____

Lab Building: _____ Room Number: _____

Contact Name (if different): _____

Phone #: _____ PIC/pager #: _____ Email: _____

Is the PI a Member of the School of Medicine? Yes No

Is the PI a Cancer Center Member? Yes No

Worktag to be billed: _____

(Worktag must be provided to BTRF before any services are provided)

Funding Source:

Extramural: NCI Other NIH ACS Other: _____

Internal: Cancer Center Pilot Project Other: _____

Brief Description of Study:

BTRF TMA Requested:

TMA designation

Common Human Carcinoma TMAs – CC1 and CC2 (1 set = 2 slides)

of Sections/Sets Requested: _____