

**TISSUE REQUEST FORMS DOWN SYNDROME BIOBANK CONSORTIUM, DSBC**

To obtain tissue samples from DSBC, you must read, sign, and return the following documents to our office:

1. Investigator information and Scientific Abstract
2. Tissue Specifications
3. Single User Agreement
4. Human Tissue Handling Risks & Safety Precautions Agreement
5. Acknowledgement Agreement
6. Ascertain that you have an active IRB

The processing of the request is contingent upon the availability of tissue and each tissue request will be discussed in the DSBC Tissue Request Committee at its next meeting.

Please mail completed forms to: **Lotta.granholm@cuanschutz.edu** or mail it to:

Lotta Granholm, PhD/DDS

Professor, Dept. Neurosurgery

University of Denver Anschutz Medical Campus

Research Complex II

12700 E. 19th Ave., Mail Stop 8601

Aurora, CO 80045-0511

**Email**: Lotta.granholm@CUAnschutz.edu

Phone number: 843-670-7891

**DSBC Laboratory Tissue Request**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Number and Funding Agency (if funded): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Scientific Abstract* (provide a scientific abstract describing your overall hypothesis, the scientific premise and specific aims, 250-300 words)

**TISSUE SPECIFICATIONS**

*Provide a description of the tissue you are requesting:*

1. Type of sample\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Method of Preparation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Number and type of cases\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Subjects Age-range and Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Specific Areas (eg. frontal cortex) and quantity of tissue (in grams or # of sections and thickness of sections):

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6. Other specifications

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**Single User Agreement**

As the investigator of record, I acknowledge that the DSBC has distributed *postmortem* human tissue to me for research purposes only. I understand that this tissue is for my expressed use only. I agree that I will not distribute any samples, or portions of samples that I have been given to other investigators without the expressed written permission of the DSBC committee.

Investigator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Investigator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Human Tissue Handling Risks & Safety**

**Precautions Agreement**

*Postmortem* Human tissue is potentially infectious. Universal precautions must be followed when working with *postmortem* human tissue regardless of the method of tissue preparation.

Precautions include double gloving, wearing protective garment, face or eye protection, and appropriate washing and disinfection of instruments and working areas. All waste is biohazard and must be disposed of according to your institution’s policy for handling biohazard material. Any laboratory staff member who will be handling *postmortem* human tissue must be trained in the proper methods of handling these specimens and have an up to date CITI certificate on file.

We do not intentionally distribute tissue known to be infectious unless specifically requested for a particular research project. However, we cannot guarantee that any *postmortem* human tissue is free of transmittable infectious agents. Therefore, the investigator of record holds the responsibility to ensure all individuals working with *postmortem* human tissue use proper safety precautions.

As the investigator of record, I understand the regulations stated above and I accept full responsibility to ensure that safe handling techniques are followed in my laboratory when working with *postmortem* human tissue. I also accept the responsibility to train staff members in the approved techniques for handling these tissues and ensure that they have the appropriate certification to work with human tissues.

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**Acknowledgement Agreement**

As the Investigator of Record, I agree to provide acknowledgement of DSBC in any publication related to the use of this tissue sample. Specific citation of the contribution of the DSBC and specifically involved Universities/Brain banks will be included in both the Methods section and the Acknowledgement section of the manuscript. The following line should be added to the Acknowledgement: **“The Authors are grateful for the tissue received from the DSBC via a grant from the Bright Focus Foundation (CA2018010)”.**

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) Date

**IRB Acknowledgement Agreement**

Even though deceased individuals do not meet the definition of a human subject, the IRB is still responsible for assuring that HIPAA regulations are followed and must review research involving specimens collected from *postmortem* individuals and evaluate non-human research protocols (NHR). In addition, the use of human materials requires a valid Institutional Biosafety Committee (IBC) approval. As the Investigator of Record, I attest that we have all necessary IBC and IRB approvals for the use and handling of human tissues. These can be made available upon request.

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Investigator of Record

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) Date