

Directions

WVU Tissue Bank Application Packet

Attached are the forms we will need prior to collecting tissue for your project. You will find a “Project-Tissue Release Approval”, “WVU Tissue Bank Application” and “Tissue Bank Non-transfer Agreement”. In addition to these submissions, we will need a copy of your project abstract. **This application packet can be completed electronically however, physical signatures are still required. Please complete and sign these forms and send them along with your abstract to us at:**

**Dept. of Pathology – Pathology Laboratory for Translational Medicine
PO Box 9203**

If you prefer, you can drop off the forms to room 2126 RCB HSC-N.

Once we receive the completed forms and your abstract submission, we will take the materials to our Board of Directors for approval of tissue release. After the Board approval, we will be in touch regarding the specifics for your project.

By signing the WVU Tissue Bank Application user agrees to:

1. Include pathologist co-authorship where he/she contributes to the analysis and interpretation of specimens related to the project.
2. Provide salary support in future grant applications for pathologists when he/she is anticipated to continue participating in funded projects.
3. Include appropriate funds in grant budgets to cover the cost of specimens obtained from the Tissue Bank and/or laboratory work in the Translational Medicine Laboratory.
4. Acknowledge the West Virginia University Tissue Bank / Pathology Laboratory for Translational Medicine in ALL presentations and publications related to the tissues / laboratory work performed.

Please feel free to call at 293-0287 or 293-1614 with questions. We look forward to working with you.

West Virginia University Tissue Bank

Tissue Bank Release Approval Form

Tissue Bank Board of Directors:

Barbara Ducatman, M.D. ex-officio (Pathology)

James Coad, M.D. (Pathology)

Christopher Cuff, Ph.D. (MBRCC)

Laura F. Gibson, Ph.D. (Microbiology, Immunology and Cell Biology)

J. Michael Ruppert, M.D., Ph.D. (Biochemistry)

Matthew Smolkin, M.D. (Pathology)

John B. Barnett Ph.D. (Microbiology, Immunology and Cell Biology)

Date: _____

Title of Project: _____

Tissue type: _____ Number of Samples: _____

Investigator: _____

For Office Use ONLY

FOUR members of the Board of Directors **MUST** sign for approval of Tissue Bank usage:

1. _____

2. _____

3. _____

4. _____

Application for Participation in the West Virginia University Tissue Bank

At the Pathology Laboratory for Translational Medicine Director's discretion, you may be asked to periodically provide updates for this Tissue Bank Use Application.

The Tissue Bank will review this application annually and may require the PI to provide updated information.

Principal Investigator: _____

Room #: _____ Box #: _____ Phone #: _____ e-mail: _____

Contact person: _____ Phone/page #: _____

Shipping address: _____

Shipping Instructions: _____

Project Title: _____

Funding source (to be charged for samples): _____

Grant ID # (if applicable): _____ Study Phase: Assay Pilot Validation Other: _____

Collaboration with a pathologist may be advantageous to the interpretation of your project.

Would you like to be contacted by a pathologist? Yes No

Agency:			WVU Internal:	CTSI	RFDGs	PSCoR	Other:
Submission Date:							
Funding Period:							
Direct Costs:							
Outcome Status: (Active/Pending)							

If submitted to NIH please include the priority score

Are there plans for a future submission for extramural funding? Yes No

Tissue Requirements:

(a) **Organ(s) or Site(s):** _____

(b) **Type of Tissue** (neoplastic, normal, both, other): _____

(c) Application of **intended use** of tissue (i.e. RNA isolation): _____

(d) **Minimum** amount of tissue required per specimen (approximate size or weight): _____

(e) Any **special patient characteristics** (age, sex, occupation, race, etc.) or limiting characteristics:

(f) **Mode of procurement/collection** (circle as many as needed)
Frozen Fresh Paraffin Client-provided medium Other: _____

(g) **Total** number of specimens needed: _____

(h) Do you require a **copy of the pathology report** corresponding to the procured tissue? Yes No

I understand the rules/regulations for the WVU Tissue Bank and agree to comply with the guidelines as stated by the IRB.

I understand that approval is subject to yearly renewal.

Signature: _____ **Date:** _____

Transfer of tissue samples cannot begin until IRB approval or exempt # is obtained.

IRB approval #: _____ Dates of IRB approval: _____

OR

IRB exempt #: _____

(For questions regarding IRB approval/exempt numbers please call the IRB or find your research status through the KC system:

<https://cas.wvu.edu/cas/login?service=https%3A%2F%2Fkc.wvu.edu%2Fkc%2Fportal.do>)

Submit this application, an abstract of your research, a copy of your IRB application, and your IRB approval letter to:

Pathology Laboratory for Translational Medicine
Department of Pathology, Room 2126 RCB HSC-N, Mail stop 9203
Morgantown, WV 26506-9203

Questions should be directed to:

PLTM Administrator, phone (304) 293-0287 or e-mail to jkarakiozis@hsc.wvu.edu

Acknowledging the WVU Tissue Bank in publications and grants:

We ask that investigators acknowledge the contributions made by the Tissue Bank in all publications resulting from the use of these tissues. The recommended wording is as follows: "Tissue for this project was provided by the West Virginia University Tissue Bank."



AGREEMENT LIMITING BLOOD AND/OR TISSUE USE AND TRANSFER

Tissue Recipient, _____ hereby acknowledges the representations made by West Virginia University School of Medicine (WVU-SOM) / West Virginia University Medical Corporation (d.b.a. University Health Associates; UHA), through its Department of Pathology and West Virginia University Tissue Bank (WVU-TB) as set forth below and in turn makes the following representations and promises.

WVU-SOM and UHA REPRESENTATIONS:

WVU-SOM and UHA represent that they manages the practice of full time faculty physicians who are employed by the West Virginia University School of Medicine (WVU-SOM) including members of the Department of Pathology who maintain and operate the West Virginia University Blood and Tissue Bank (WVU-TB);

WVU-SOM and UHA represent that they believe the Tissue Recipient has a demonstrated need for tissues maintained by WVU-TB;

WVU-SOM and UHA represent that providing for the availability of such tissues subject to the safeguards set forth herein furthers the missions of the WVU-SOM and UHA and the provision of service to the community; and

WVU-SOM and UHA represent that it is providing blood and/or tissues from the WVUTB to Blood/Tissue Recipient for investigational purposes only, and subject to the policy of West Virginia University that such blood and/or tissue not be resold or distributed in any form to another researcher, investigator or entity, unless such has been substantially modified by Tissue Recipient (such as extracted purified proteins, mRNA, DNA, DNA sequencing results etc.).

REPRESENTATIONS OF TISSUE RECIPIENT:

Tissue Recipient represents that it intends to utilize any and all tissues obtained from the WVUTB exclusively for investigational purposes;

Tissue Recipient represents that it shall not transfer any portion of the tissues provided by WVUTB, unless such has been substantially modified by Tissue Recipient (such as extracted purified proteins, mRNA, DNA, DNA sequencing results etc.), to third parties without the prior express written permission of WVUTB;

Tissue Recipient represents that these promises shall continue in effect until the final consumption and/or destruction of any tissue that is the subject of the relationship between WVUTB and Tissue Recipient;

Tissue Recipient represents that it will comply with all applicable statutes, rules, regulations, licenses and authorizations of any governmental or public body or authority in connection with the tissue obtained from WVUTB; and

Tissue Recipient acknowledges that these tissues have not been specifically tested for infectious disease or transmissible agents (such as Hepatitis, HIV, Creutzfeldt-Jakob, Syphilis, and others). Further, that these tissues could potentially have infectious diseases or transmissible agents for which knowledge and/or testing is not currently available. Thus, the Tissue Recipient agrees to comply with all federal, state and other applicable universal human blood, body fluid and tissue precautions.

TERM AND TERMINATION:

This Agreement shall become effective upon the date of its execution and shall continue in effect until the final destruction of any tissue that is the subject of the relationship between WVU-SOM/UHA/WVU-TB and Tissue Recipient.

INDEPENDENT CONTRACTORS:

The parties shall at all times be and remain independent contractors with respect to the subject matter of this agreement.

TISSUE RECIPIENT

Signature _____

Print _____

Title _____