Date:

Project Name:

Principal Investigator:

Name:	
Institution:	
Division/College:	
Phone:	
E-Mail:	

Requestor (if different):

Name:	
Institution:	
Phone:	
E-Mail:	

IRB number(s) (if PHI involved research) *: _____

* Requests can be made prior to IRB approval; however, no samples or participant-specific data will be distributed until the study protocol has been approved.

Has the project been reviewed?

☐ Review Complete
☐ Under Review
☐ NIH Review
☐ Departmental Review
☐ No Review Planned
☐ Other Review:

_____

Is this project in collaboration with a UTMC Clinical Faculty or other Researcher?

☐ No
☐ Yes

Name:	
Institution:	
Department:	

Signature of collaborating researcher: _____

What participant characteristics would you like (e.g., diagnosis, clinical condition, etc.)?

Description of Study (Abstract):

In lay terminology, please provide approximately 2-5 sentences describing how using Biobank resources will benefit you. (This may be posted on our Biobank website or Annual Newsletter).

Study Timeframe:

Estimated date (year/month) first samples/data are needed:	
Estimated date (year/month) last samples/data are needed:	
Estimated number of participants for **entire study project:**	
Estimated number of participants for **first distribution** of samples:	

What specific types of biological specimens are desired? (check all that apply in the table and complete information for each)

Sample Type(s) Requested	Volume of Sample	Number of Participants	Number of Specimens per Cohort	Special Handling Instructions
☐ Fixed Tissue (Paraffin)				
☐ Serum				
☐ Plasma - sodium citrate				
☐ Plasma - EDTA				
☐ Fresh Tissue				
☐ Other tissue (type desired)				

Please list any supplies which will be provided for this project:

What do you plan to do with residual Biobank specimens after your project is completed?

Additional Notes or comments:

FOR BIOBANK USE ONLY:

Utilization Committee Meeting Date:

Committee Decision: ☐ Approved ☐ Rejected ☐ Not Decided

Committee Feedback: