

Date _____

Biospecimen Request Application

Return completed form via email to
adrc@yale.edu

REQUESTOR

Name _____

Title _____

Institution _____

Department _____

Address _____

Phone _____

Email _____

CONTACT PERSON/Shipping Address

Name _____

Title _____

Institution _____

Department _____

Address _____

Phone _____

Email _____

Funding Source _____

Grant Number _____

Funding Period _____

Yale IRB/HIC # _____

Non-Yale IRB # _____

Approved Non-Yale IRB document (**REQUIRED**)

Project Title _____

Abstract (100-250 words)

I agree to acknowledge and cite the Yale ADRC in scientific publications, presentations or grant proposals should data have been obtained through the use of materials received from the Yale ADRC (P30-AG047270-01)

Human Tissue Handling Risks & Safety Precautions Statement

This notice is to inform you that samples from the Yale ADRC may be fresh human samples (e.g. plasma, serum and CSF). Working with postmortem human brain tissue carries the potential risk of exposure to infectious diseases. All human brain tissue should be treated as a potential contamination risk for certain diseases and should be handled with extreme care. It is recommended that Universal Precautions be followed when working with postmortem human brain tissue irrespective of the tissue preparation method. The Yale ADRC does not knowingly distribute infectious tissue. The Yale ADRC, however, cannot guarantee that any of the donors of brain specimens were not exposed to or carried potentially infectious agents. Ultimately, it is the responsibility of the recipient investigator to ensure that all laboratory staff while handling postmortem human brain tissue employs proper techniques.

THE HUMAN TISSUE WILL BE PROVIDED WITHOUT ANY WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR THAT THE USE OF THE MATERIAL WILL NOT INFRINGE ON ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER RIGHTS, OR THAT THE MATERIALS WILL NOT POSE A HEALTH OR SAFETY RISK.

The Recipient shall assume all liability for claims for damages against it by third parties that may arise from its use, storage, or disposal of the human tissue.

Please Read and Sign the Following Statement:

I (the Principal Investigator) have read the *Human Tissue Handling Risks & Safety Precautions Statement*, and understand and accept full responsibility to ensure that proper and safe handling techniques are employed in my laboratory when working with postmortem human brain tissue.

By signing this form, I acknowledge that I understand the above information and release the Yale ADRC and all its personnel of any liability.

Principal Investigator (Print Name): _____

Principal Investigator's Signature: _____ Date _____

MATERIAL TRANSFER AGREEMENT:

A Material Transfer Agreement with Yale University will be needed to document this transfer.