

**Yale Hematology Tissue Bank (YHTB)  
Biospecimen and Data Request Agreement**

**1. Agreement to use of biospecimens provided by the Yale Hematology Tissue Bank.**

- The recipient agrees that specimens and any associated data will be solely used for the purposes specified in the approved application.
- The recipient agrees that he/she shall not transfer biospecimens or any portion thereof supplied by the YHTB to third parties without the **prior** written permission of the YHTB.
- The recipient agrees that he/she shall not sell any portion of the biospecimens provided by YHTB, or products produced with or extracted from these specimens (e.g. DNA, mRNA, protein, engrafted mice).

**2. Agreement to use appropriate safety measures.**

- The recipient understands that all biospecimens should be handled as potentially infectious.
- The recipient agrees to follow appropriate safety measures, including OSHA guidelines, as well as Yale Environmental Health and Safety Department regulations for handling human tissues.
- The recipient agrees to assume all responsibility for informing and training personnel in the dangers and procedures for safe handling of human tissues.

**3. Acknowledgement Agreement**

- I hereby agree to make the study results available to the scientific community and to acknowledge the contributions of the Yale Hematology Tissue Bank in all publications resulting from the use of these biospecimens.
- Suggested acknowledgement statements are:
  - “This study was supported by the Yale Hematology Tissue Bank at Yale University School of Medicine and the Yale Comprehensive Cancer Center”.
  - “Biospecimens and data were provided through the support from the Yale Hematology Tissue Bank at Yale University School of Medicine and the Yale Comprehensive Cancer Center”.

**By my signature I agree to the terms and conditions set forth in agreements 1, 2, and 3 above:**

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**Written Name of Principal Investigator**

\_\_\_\_\_  
**Signature of Principal Investigator**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Written Name of Authorized YHTB Staff**

\_\_\_\_\_  
**Signature of Authorized YHTB Staff**

\_\_\_\_\_  
**Date of Signature**

E-mail the completed form to Stephanie Halene ([stephanie.halene@yale.edu](mailto:stephanie.halene@yale.edu)).