



APPLICATION: COOPERATIVE HUMAN TISSUE NETWORK TISSUE MICROARRAY SLIDES

I. DIRECTIONS – This application is intended for the use and processing of samples utilized by the laboratory and/or personnel that fall under the supervision of the PI listed in the application. Any transfer of samples or aliquots to personnel or laboratories that are not under the supervision of the indicated PI requires the following:

- An explanation of the need to transfer the materials and benefit to the investigator's research.
- A copy of the Investigator Agreement page signed by the collaborator.

The information requested in this form is necessary in order to correctly document your request for tissue microarray (TMA) slides from the Cooperative Human Tissue Network (CHTN).

1. Please print neatly or type.
2. Patient identity is confidential. Samples on the TMA slides have been fully anonymized, and no additional donor or clinical information is available beyond what is provided with the TMA slides or made publicly available on the CHTN TMA website. There is a processing fee for each TMA slide plus shipping charges. Descriptions of currently available TMAs and fees are available at <http://faculty.virginia.edu/chn-tma/home.html>. Additional information may be obtained by from the Mid-Atlantic Division at (434)924-9879 or by e-mail from the Mid-Atlantic CHTN Coordinator, Mr. Craig Rumpel crumpel@virginia.edu.
3. Investigators requesting TMA slides from the CHTN should consult their local Institutional Review Board for policies and procedures for use of anonymous human tissue samples, such as are contained in the CHTN tissue microarrays.
4. Each investigator may request a maximum of 10 slides from any particular TMA designation at one time. Subsequent requests for additional slides from the same TMA designation will be considered on a case-by-case basis.
5. Responses to the questions in parts III A and B are required in order to prioritize your request.
6. The Investigator Agreement must be signed and dated by the PI listed on the application and an appropriate institutional official.
7. For additional information call the Mid-Atlantic Division at (434)924-9879. Submit completed forms by either fax, mail or courier to:

Fax (preferred):
(434)924-9438

-or- US Mail:

University of Virginia
CHTN Mid-Atlantic Division
Department of Pathology
P.O. Box 800214
Charlottesville, VA 22908-0214

-or- FedEx/Other Couriers:

University of Virginia Health System
CHTN Mid-Atlantic Division
RM 4894 Old Medical School
21 Hospital Dr.
Charlottesville, VA 22908-0214

II. Investigator Data

A. Principal Investigator _____
Investigator's Title _____
Primary Mailing Address (Street/Bldg/Room#) _____
Department _____
Institution _____
City _____ State _____ Zip _____
Phone (Day) _____ (Nights/Weekends) _____
Fax # _____ E-mail _____
Contact Person _____ Lab Phone _____ E-mail _____

B. Shipping Address (if different from above) _____
Department _____
Street/Bldg/Room# _____
City _____ State _____ Zip _____

C. Billing Information: Is a purchase order (PO) required for shipment of specimens to your institution?
Yes _____ No _____ If so, please provide the information for your purchasing/billing contact and PO number:
Billing Contact _____ Phone _____ E-mail _____
Purchase Order # for this Request _____

The Mid-Atlantic Division does not accept credit card payments. Currently invoices are included with the TMA shipment to the shipping address listed in Section B. If you would like the original invoice to be mailed to another location (e.g. your billing department), please enter that address below. A copy of the invoice will also be included with your shipment. Our remittance address is:

University of Virginia
CHTN Mid-Atlantic Division
Department of Pathology
P.O. Box 800214
Charlottesville, VA 22908-0214

Billing Address (If different from the shipping address) _____
Department _____
Street/Bldg/Room# _____
City _____ State _____ Zip _____

(Shipping charges will be added to your invoice unless you provide a Federal Express number).

Federal Express Number _____

III. Funding Information

CHTN TMA slides will be provided to investigators on a rotating basis in the following priority order:

1. Peer reviewed funded investigators (including Federal and National laboratories)
2. New investigators and academic investigators developing new research projects.
3. Other investigators.

A. To help determine your priority, please include your major research grant. Institutional and other funding sources may be listed. If you are currently unfunded, please indicate below:

<u>Funding Source</u>	<u>Period of Support</u>

B. Please provide the title and a short research summary of the proposed research on the tissues you are requesting from the CHTN (may use separate page).

IV. Tissue Microarray Slides Requested

TMA designation	# of slides requested*

***a maximum of 10 slides per TMA designation may be requested**

AGREEMENT FOR USE OF TISSUE MICROARRAY (TMA) SLIDES

The recipient/investigator agrees that the TMA slides provided by the Cooperative Human Tissue Network (CHTN) will be used only for the purposes specified in this application. The recipient agrees that it shall not transfer these microarray slides supplied by the CHTN to third parties without the prior written permission of the CHTN.

The tissue microarrays are provided to the requesting investigator only for research purposes and not for diagnostic purposes. TMA slides are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. The CHTN accepts no responsibility for any injury (including death) damages or loss that may arise either directly or indirectly from their use.

The recipient understands that the tissue samples contained on the TMA slides are anonymized and no further clinical information is available other than the data that accompany the arrays or made publicly available on the CHTN website.

The recipient agrees to acknowledge the contributions of the Cooperative Human Tissue Network in all publications resulting from the use of these TMA slides. Recommended wording to the methods or acknowledgement section is as follows: *“Tissue samples were provided by the Cooperative Human Tissue Network which is funded by the National Cancer Institute. Other investigators may have received specimens from the same subjects.”*

The investigator agrees to contact his/her Institutional Review Board regarding local policies and procedures for the use of anonymous human tissue samples, such as are contained in CHTN tissue microarrays.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

Typed Name of Recipient

Agency

Typed Name of Official Authorized
to Sign for the Agency

Signature of Recipient/Date

Division or Department

Authorized Signature/Date

UPON RECEIPT OF THESE SIGNED UNDERSTANDINGS AND THE INFORMATION REQUESTED ABOVE, THE COOPERATIVE HUMAN TISSUE NETWORK WILL CONSIDER THIS REQUEST AND ALL FUTURE REQUESTS FOR TMA SLIDES. Specific questions about your TMA application should be directed to the Mid-Atlantic Division. Other questions may be directed to the NCI Program Director, Dr. Rodrigo Chuaqui, NCI Cancer Diagnosis Program at (301) 496-7147, e-mail: chuaquir@mail.nih.gov