Name of Investigator Receiving Coded Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HRPO #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be completed in order to receive any specimens via the WIHSC. This includes specimens prospectively as part of an investigator-initiated protocol as well as specimens collected as part of the WIHSC's general tissue banking effort. **To protect subject confidentiality, the recipient Investigator will not have access to subject identifiers or a master code list under any circumstances. Specimens cannot be distributed until this form is received.**

In accepting specimens received from the WIHSC repository, the investigator agrees:

1. To use samples and data for research purposes only in compliance with the cited Washington University approved protocol listed above.
2. To use appropriate safeguards to prevent Use or Disclosure of Data other than as specified in the HSC approved protocol.
3. To not actively seek the individual patient identity of “de-identified” (coded) specimens unless specifically approved by the HSC in the study protocol.
4. To certify that all individuals working with unprocessed tissue specimens and body fluids have received and have documented appropriate training in the handling of potentially infectious human specimens through the Division of Environmental and Health Safety at Washington University School of Medicine.
5. To acknowledge that samples were obtained from the WIHSC in any publications or public presentations.
6. To prohibit distribution or propagation of samples or data to other researchers who are not identified in the approved HSC protocol.
7. To notify the WIHSC of any changes in the project’s protocol or funding status.

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*Signature of Investigator Receiving Coded Material Date*

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*Signature of Investigator Sending Coded Material Date*