**Application form to request Human specimens**

Dear Investigator:

In order to provide you with human specimens for your research, the CNAC Clinical Core requests that you complete this application form that includes the following:

1. Investigator Information
2. Abstract of your project.
3. Any IRB approvals of your project.
4. Material being requested
5. Agreements and Acknowledgements
6. Signature

Your application form will be reviewed by the Clinical Core leaders to determine if the protocol specimen requests are feasible and available from the Repository. Copies of the CNAC Human Repository Protocol including the Informed Consent, GINA (Genetic Information Non-Discrimination Act), Urine Drug Screen Consent, and the HIPAA forms are available for viewing on the CNAC web site <http://www.temple.edu/medicine/departments_centers/research/CNAC/index.htm>

We thank you for your interest in the Human Specimen Repository. We are available for consultation and assistance with this process. You may contact us through the information below.

Ellen M. Tedaldi, MD Tracy Fischer, PhD

Department of Medicine Department of Neurosciences

Phone: 267-563-1570 215-707-5500

etedaldi@temple.edu tlfs@temple.edu

|  |
| --- |
| **Investigator Name**:  |
| **Department**:  |
| **Institution**:  |
| **Mailing address**  |
| **City, State, Zip**  |
|  **Complete if different from above**  |
|  **Shipping address**  |
|  **Shipping City, State, Zip**  |
| **Telephone Number**  |
| **Fax number**  |
| **Email address**  |
| **FedEx Number (if shipping):**  |
| **List any grants and their numbers that will support the proposed research:**  |

**Please complete the following:**

**Please provide an abstract of your project below including title, background, specific aims and hypotheses. Include any inclusion/exclusion criteria for the human subjects and specimens.**

**IRB Approvals:**

**Specimens Requested**

**Specimen Type Yes Quantity Characteristic HIV RNA level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plasma** |  |  |  |  |
| **PBMC** |  |  |  |  |
| **Serum** |  |  |  |  |
| **Urine** |  |  |  |  |

**Please provide details on the particular needs of the specimens requested for your protocol/project:**

**Acknowledgements and Agreements:**

**I agree and understand that**:

* The specimens will not be distributed to any other laboratory and will not be used for studies that are not listed in this application.
* All publications that include data or descriptions of specimens received from the CNAC Human Repository will acknowledge the support of the repository.
* All publications, abstracts, presentations that use specimens from the repository will acknowledge the repository as follows: Temple Comprehensive NeuroAIDS Center/Human Specimen Repository
* Any personal health information (PHI) will be de-identified in the human specimens and investigators will ensure that all efforts are made to keep any clinical information and data secure.

**Investigator name:**

**Investigator signature: Date:**