



Application for Organ/Tissue Research

Principle Investigator:	Date:
Institution:	Department:
Address:	Phone Number:
Fax Number:	Email Address of Principle Investigator:

**Please provide all of the necessary information to ensure an expedient review of your project.
 Insufficient or incomplete information could delay review of your proposed project.
 Attach additional sheets if necessary to adequately address each question.**

1. Co-Investigator(s):
2. Title of Project:
3. This research proposal involves:

Research only

Research and Clinical Application

Clinical Application Only

5. Briefly describe your project:

6. Please briefly describe how this project promotes organ and tissue donation and transplantation:

7. Does your research require approval of the Institutional Review Board?

Yes

No

If yes, please attach a copy of the complete IRB approval.

If no, please attach a letter from the IRB indicating that no review is required.

8. Inclusive dates of your project:

9. List type(s) and number of Organ(s)/Tissue(s) to be procured. If this involves donor data only, list those details here:

10. Donor Population, Number of:

Male

Female

Total:

Age Range:

11. Inclusion and exclusion characteristics of the donor population. List any contraindication criteria that are to be utilized by Lifebanc in screening of specific organs or tissues:

12. Are funds available to reimburse Lifebanc for expenses incurred related to this project?

Yes

No

Funding Agency:

If yes, please provide your budget and/or reimbursement schedule that will explain the costs of procurement of organs/tissue, as it pertains to Lifebanc's involvement (personnel time, supplies, transportation, etc.).

13. Does this research involve the use of investigational drugs or agents with regard to the above donor population?

Yes

No

14. Please clearly state the hypothesis or research question and summarize the objectives of the study in which the donor organ/tissue will be used. If you intend to recover the organs and/or tissues, please describe the process and type of equipment utilized. Specify what will be done to or with the organ/tissue. Please include a statement as to the ultimate disposition of used and/or unused research material.

15. Will your project require the use of hospital or organ/tissue procurement equipment or supplies?

Yes No

If yes, please list:

16. Will your project require the use of Lifebank organ/tissue recovery personnel or Lifebank EMR data?

Yes No

If yes, please specify the number of staff and provide a statement justifying the need for personnel:

17. Will you require the resources of Lifebank to recover the organ(s)/tissue(s) or pull donor data?

Yes No

If yes, please describe what type of resources will be required (e.g. preservation solution, instruments, specimen containers, packaging and shipment materials, etc.).

18. Please provide a one-paragraph summary of your project that can be utilized by Lifebanc to explain the project to the donor's family. This statement must be simple and understandable for the donor family members.

19. Describe in detail any financial or fiduciary arrangement between your organization and any employees and/or board members of Lifebanc.

20. Describe in detail how Lifebanc should contact you about available organs or tissues for research. Please provide contact names, method of contact, times and days of contact, phone numbers and or e-mail addresses as applicable.

Appendix ADM 10A Research Request Process

I/We certify that:

The information furnished concerning the research proposal contained herein is correct. I will seek and obtain prior approval from Lifebank for any modification in the application.

Absolute confidentiality of the data related to the donor population will be maintained.

I/We understand that:

Organs, tissues, or donor data given to us by Lifebank are available to us only for the approved project and are not to be redistributed by us to other unapproved investigators.

Should this project be approved I/we will be required to sign the attached disclaimer.

Signature of Principal Investigator:

Date: