Fred Hutch IRB
Approved
6/26/2023

FHCC Infectious Disease Sciences (IDS) / VIDD
Specimen and Data Repository Request Form

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Investigator Information:

Name: Title: Dept/Division:
Mailstop: Phone/Fax: Email:

Contact Information:

Name: Title: Dept/Division:
Mailstop: Phone/Fax: Email:

Purpose of Request: *(please check one)*

☐ For research purposes:
Attach IRB approval document to this form.
IRB protocol # (include substudy#):
IRB Approval date (review date):

☐ For Clinical laboratory quality control / clinical assay development:
No IRB approval is required.

Request Date: Date Needed:

Project Information:

Project Title:
Brief Proposal Summary (200 words max):

Specimens Description: *The Repository Manager will work with you to identify appropriate samples for your project.*

Number of Specimens (estimate): Type(s):

_____ I certify that personnel who will handle these specimens have been appropriately trained and that the facility where they will be used is authorized to handle them.
Initial here

Will samples be transferred to another lab or institution for testing? ☐ Yes ☐ No (Skip to next section)

Internal transfer, please indicate the lab: _____
External transfer

Attach the MTA and confirm that the collaboration is covered by the protocol listed above.
Please confirm that samples will be aliquoted and deidentified before transfer Yes ☐

Funding: If your research project receives funding to retrieve samples from this repository, complete the following. If no funding, check ☐ NA

Title of funding source: _____ Name of External Funding Source (e.g. NIH) _____

Confidentiality Agreement:

If data or specimens I receive are linked to individual identifiers, I agree to maintain patient confidentiality and I also stipulate that only those parties identified in the IRB application will have access to this identifiable data. I agree that the identity of individual subjects will not be disclosed when the data are presented or published. I acknowledge that the quality and completeness of data cannot be guaranteed, and that I will use these data or specimens at my own risk. I also understand that I am responsible to inform the IRB of record of the number/type(s) of specimen/data accessed from this repository.

Signature of Investigator: _____ Date _____

Approval of Request:

Signature of Repository Gatekeeper: _____ Date _____

Signature of Repository Program Manager: _____ Date _____

Cc: IRB Coordinator IDS Repository Request ID#: