

**RCWIH BioBank Application for the Use of Human Tissue/Blood/Body Fluid
for Research Purposes**

SECTION 1a		Study Title	
Study Title:			
SECTION 1b		Principal Investigator	
Name:	Division/Department:	Program:	
Telephone:	Address:	Fax/Email:	
SECTION 1c		Co-Investigators(s)	
Name:	Division/Department:	Program:	
Telephone:	Address:	Fax/Email:	
SECTION 1d		Person(s) who will perform the experiment <i>(include as many persons as necessary)</i>	
Name:	Division/Department:	Program:	
Telephone:	Address:	Fax/Email:	

SECTION 1e	Person (s) who will access retrospective patient data if applicable	
	Not applicable; all participants will be recruited by the RCWIH BioBank program as outlined under REB#10-0128-E	
SECTION 1f	Agreements	
Confidentiality Agreement I, the undersigned, accept full responsibility for protection of health information, data, and tissues entrusted to my care (including de-identified information and data) using appropriate physical and electronic measures. I will enforce restricted access and security of the tissue storage area, encryption of and restricted access to health information and data through the use of password protected computers and networks, and the secure destruction of health information, data, and tissues (in a manner consistent with appropriate biohazard safety practices) when no longer required for this study.		
Principal Investigator Signature:	Print Name:	Date (dd/mmm/yyyy):
Division/Department Approval I have reviewed this proposal and agree that the proposed use of human tissue materials in the project represents appropriate use of the human tissues available for research.		
Division/Dept. Head Signature:	Print Name:	Date (dd/mmm/yyyy):
RCWIH BioBank Director I have reviewed the proposal and agree that the RCWIH BioBank is willing to support this study subject to the availability of appropriate samples.		
RCWIH BioBank Director Signature:	Print Name: Dr. S. Lee Adamson RCWIH BioBank Director	Date (dd/mmm/yyyy):

SECTION 2	Study Details	
Time Frame:	Proposed Start Date (dd/mmm/yyyy):	Termination Date (dd/mmm/yyyy):
How will the study be funded? <input type="checkbox"/> Grant - Specify funding source: <input type="checkbox"/> Industry - Sponsor Name: <input type="checkbox"/> Internal - Specify funding source: <input type="checkbox"/> No Funding Required		
Tissue Source	<input checked="" type="checkbox"/> Other Research Centre for Women's and Infants' Health (RCWIH) BioBank, Mount Sinai Hospital (MSH REB#10-0128-E)	
Consent Attached? (Include consent to be used with application, if applicable).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not applicable; all participants will be recruited by the RCWIH BioBank program as outlined under REB#10-0128-E	

<p>Does the study involve genetic research? <i>This question is not limited to research that could lead to individual identifiers but also includes analysis of gene expression.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
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SECTION 3	Research Proposal for the Study of Human Tissue
1. Primary objective and hypothesis of the study:	
2. How will the tissue be collected? <i>(For prospective studies only)</i>	Tissues will be collected by the RCWIH BioBank program as outlined under REB#10-0128-E.
3. Indicate the approximate number of tissue samples that will be required this year to support this study.	
4. How will the tissue be identified? <i>(For prospective studies only)</i>	Tissues will be identified by the RCWIH BioBank program as outlined under REB#10-0128-E.
5. Will any identifying information be recorded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Identifying information will be recorded by the RCWIH BioBank program as outlined under REB#10-0128-E.
6. Will the individual identifiers be removed once the relevant data is collected? <i>(For prospectively collected tissue only)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Identifying information will be removed by the RCWIH BioBank program as outlined under REB#10-0128-E. Only de-identified data will be released by the RCWIH BioBank.
7. How will security and confidentiality of the data be ensured?	
8. Is there any anticipated linkage of the data to be collected with a clinical database?	Not applicable

<p>9. Will the data be available or distributed to others?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify how confidentiality will be protected:</p>
<p>10. Will the data being collected be used now or in the future for commercial purposes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please provide details:</p>
<p>11. Will the tissue be sent to another facility for study?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name the location and provide the REB approval letter of the institution:</p> <p>If yes, is there a Material Transfer Agreement:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending</p>

12. Include a brief summary of the research project (1 page maximum).