

HIDI Registry and Biorepository Investigator Request Form
Request for Additional Resources and/or Extension (v1.0)

Name:

Department:

Contact information (address and email):

Project Title:

Project Progress Update (Please provide a brief progress report on your study with focus on results obtained on HIDI Samples)

Are you requesting access to the HIDI Registry for the duration of your study (Y/N):

Are you requesting additional samples from the same HIDI subject (Y/N)?

If Y, list the HIDI sample number and requested material (include ideal cell number for proposal, as well as type of sample- fresh/frozen, PBMC/BM/Lymph Node)

Are you requesting samples from a new HIDI subject (Y/N)?

If Y, list the HIDI sample number and requested material (include ideal cell number for proposal, as well as type of sample- fresh/frozen, PBMC/BM/Lymph Node). Also include the rationale and objective of including a new subject in your research.

Proposed timeline for completion with additional samples or extended timeline:

By submitting this request, I agree to the oversight and recognition as outlined in the original proposal. Any disagreements between HIDI administration and I or my study team regarding use of HIDI resources and/or oversight will be brought to the HRBOC for deliberation. If multiple requests are made for a given sample, the HRBOC will work to arbitrate between requests as well as suggest opportunities for collaboration. If future sample(s) is necessary above what is requested in this proposal form, I understand that a separate request form will need to be completed and approved by HIDI administration. Any violation of this agreement or unethical use of patient information or samples will be reviewed by the HRBOC and may result in revoking current and future access to HIDI resources.

Signature and Date

Reviewed and approved by HIDI Administration
February 18, 2021