



**OFFICE OF RESEARCH AFFAIRS
TISSUE REPOSITORY APPLICATION**

Repository Manager: _____
Office Address/Telephone/FAX: _____
E-mail address: _____

Name of Repository: _____

Please provide complete answers to the following:

1. Is this repository limited to tissue specimens? _____

2. Is this repository limited to clinical data? _____

3. If you are using previously cached tissues/data, provide an inventory of these materials or information.

4. Explain how new information or tissue will be collected.

5. Provide a copy of the consent document for prospective data/tissue collection for this repository.

6. How will the repository manager maintain inventory on the data/tissue collected in this repository?

7. What process will be in place to assure that all investigators seeking access to the tissue/data collected have received IRB approval or exemption for their studies?
