

Protocol Registration Form

Instructions: Please review and complete this form to initiate protocol registration in TissueStation. The requested information is necessary to correctly document your request for registration of an MDACC approved - IRB protocol for the collection of biospecimens for research purposes, and to ensure that the Tissue Biospecimen and Pathology Resource (TBPR) operates within the guidelines of MDACC and regulatory entities.

Principal Investigator	<input type="text"/>
Protocol Number	<input type="text"/>
Protocol Title	<input type="text"/>
Surgical Pathologist	<input type="text"/>

Workflow Preference
<input type="checkbox"/> IR/Clinic Collection
<input type="checkbox"/> OR Collection
<input type="checkbox"/> Vaccine Study
<input type="checkbox"/> Clinical Trial
<input type="checkbox"/> Data Only

Waiver granted per IRB? (If "yes", please identify the circumstance(s) under which the waiver was granted) Yes No

De-identified
 Retrospective
 Deceased
 Associated Consenting Protocol(s):

List Associated Consenting Protocol(s) below:

Diagnoses (list all): Include metastasis with same diagnoses

Organs/Sites/Specimens for collection (list all):

Please select an official satellite bank as the operating bank for this protocol. This bank may or may not provide services to the protocol. If no selection is made, the Institutional Tissue Bank will be assigned by default.

Operating Bank

Please identify who will be responsible for administering this protocol in TissueStation. Protocol Administrator(s) (up to four)

Please complete the following Billing Authorization form to initiate the protocol registration process. Protocol registration will not be initiated without a signed Billing Authorization Form.

Billing Authorization Form

Principal Investigator	<input type="text"/>
Protocol Number	<input type="text"/>

I understand that billing will occur on a monthly basis, and I agree to keep the ITB or the designated operational bank (*if applicable*) informed of account expiration dates and changes as they occur. I also acknowledge that fees are subject to change with advanced notice.

Invoices for the assessment of charges should be forwarded to the Principal investigator as well as the following billing contacts:

By selecting All for Charge Type, I hereby authorize assessment of the one-time \$25 registration fee and charges associated with services provided by the Institutional Tissue Bank, any satellite bank, and/or HistoCore Laboratory (*if applicable*) to the following chartfield string: (****Different chartfield strings may be used for services provided, please select other and specify charges associated with each chartfield string provided.**)

Charge Type:	<input type="checkbox"/> All	<input type="checkbox"/> **Other (Specify)							
BU	*Department	Fund Group	Fund	Account	*Fund Type	PC Business Unit	Project	Activity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Typed Name			Authorized Signature on Account			Date of Signature			
Please provide a non-grant backup chartfield string account for restricted grant chartfield string(s):									
BU	*Department	Fund Group	Fund	Account	*Fund Type	PC Business Unit	Project	Activity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Typed Name			Authorized Signature on Account			Date of Signature			
**Charge Type (Specify): <input type="text"/>									
BU	*Department	Fund Group	Fund	Account	*Fund Type	PC Business Unit	Project	Activity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Typed Name			Authorized Signature on Account			Date of Signature			

Upon completion of this form, please print out a copy and obtain an ink signature from an authorized user of each chartfield string identified above, and return the three page document to the Institutional Tissue Bank at tissuebank@mdanderson.org. Please be advised that should the cost center change, it is the responsibility of Protocol Administrator and/or Principal Investigator to inform the Institutional Tissue Bank.

**The Tissue Biospecimen and Pathology Resource (TBPR)
Biospecimen and Data Request Agreement**

I. Agreement to use of tissues and other biospecimens provided by MDACC Tissue Biospecimen and Pathology Resource (TBPR) via the Institutional Tissue Bank (ITB) or any of its satellite banks.

- The recipient agrees that biospecimens and associated data will be used solely for purposes specifically approved by the IRB.
- The recipient agrees that they shall not transfer biospecimens, or any portion thereof, supplied by TBPR to third parties without the prior written permission of TBPR.
- The recipient agrees that it shall not sell any portion of the tissues provided by TBPR, or products directly extracted from these tissues (e.g., protein, mRNA or DNA).
- Patient privacy and confidentiality will be respected at all times and patient information will not be accessed protected health information linked to specimens except as specifically approved by the IRB

II. Agreement to use appropriate safety measures.

- The recipient understands that all biospecimens should be handled as if potentially infectious.
- The recipient agrees to follow appropriate safety measures, including OSHA guidelines, as well as MDACC Biosafety Regulations for handling human biospecimens (Refer to MDACC Biological Safety Manual).
- The recipient further agrees to assume all responsibility for informing and training personnel regarding the potential dangers of and appropriate procedures for handling of human tissues.

III. Acknowledgement Agreement

- I hereby agree to make the study results available to the scientific community and to acknowledge the contributions of the MDACC Tissue Biospecimen and Pathology Resource via the Institutional Tissue bank or any of its satellite banks in all publications resulting from the use of these tissues.
- The support of the TBPR must be acknowledged in all research that results in publication. A suggested acknowledgement statement is "This study was supported by the Tissue Biospecimen and Pathology Resource (TBPR) at the University of Texas M. D. Anderson Cancer Center in part by the National Institutes of Health Cancer Center Support Grant (CA016672)."

OR

"This research was supported in part by the National Institutes of Health through M. D. Anderson's Cancer Center Support Grant (CA016672) for Tissue, Biospecimens and/or Data obtained through services provided by the Tissue Biospecimen and Pathology Resource (TBPR)."

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS I, II & III Above

Principal Investigator:

Protocol Number:

Signature of Principal Investigator

Date of Signature

Please return the completed form to the Institutional Tissue Bank at tissuebank@mdanderson.org.