AIRWAY TISSUE PROCUREMENT
for the study of lung disease

INTRAMURAL APPLICATION FOR SPECIMENS

The Airway Tissue Procurement Facility (ATP) under the direction of Dr. Steven Rowe and Dr. William Grizzle, offers specialized procurement of airway related tissues from lung transplant patients. Personnel are on-call around the clock to handle procurement of diseased lungs and normal control lungs, when these organs are made available. The processing fee for samples obtained through this specialized procurement service is $200/specimen. If multiple requests are obtained for the same tissues, the availability of samples may be limited.

I. DIRECTIONS – This application is intended for the use and processing of samples utilized by the laboratory and/or personnel that fall under the supervision of the PI listed in the application. Any transfer of samples or aliquots to personnel or laboratories that are not under the supervision of the indicated PI requires the following:

- An explanation of the need to transfer the materials and benefit to the investigator’s research.
- A copy of the enclosed ATP agreement page signed by the collaborator.
- A copy of the collaborator’s IRB approval unless the collaborator is covered under the IRB approval granted for the project proposed in this application.

The ATP does not supply samples to banks solely for distribution to third party researchers; those researchers should be encouraged to apply to the ATP directly.

The information requested in these forms is necessary in order to correctly document your tissue request. When submitting a written request for services:

1. Please print neatly or type.
2. Please be specific about your requirements for handling tissue samples from the time the specimen is collected until it is received in your laboratory (i.e.: need for sterility, transport media, refrigeration status, etc.)
3. Patient identity is confidential. Samples will be coded and made available at a processing fee of $200/sample.
4. Investigators must have human subject approval to receive tissue from the ATP. Either Convened, Expedited Review approval, or Exemption can be obtained from the Institutional Review Board. A COPY OF THE HUMAN SUBJECTS APPROVAL SHOULD BE RETURNED WITH THIS COMPLETED APPLICATION. If informed consent is required for your study, please contact us prior to submission of your application to the UAB IRB so that requisite language can be included in your IRB protocol application that will expedite approval and appropriately address ethical considerations.
5. For additional information contact Ms. Kathy Sexton (x4-6071 or sexton@uab.edu) or Dr. Steven Rowe (x4-9640, or sm Rowe@uab.edu).

Completed applications should be returned, along with a copy of your IRB approval for the project for which the requested tissue is to be used, to:

Ms. Kathy Sexton
UAB Tissue Collection and Banking Facility
ZRB 449 Campus Zip 0007
sexton@uab.edu

II. Investigator Data
A. Principal Investigator __________________________________________

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<th>Last Name</th>
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Investigator’s Title __________________________________________

Primary Campus Address (Bldg/Room#) ____________________________

Department ___________________________ Campus Zip ____________

Phone #s (include after hrs #):______________________________

Fax #______________________________ E-mail_____________________

B. Contact Person _______________________________ E-mail __________________

Contact’s Phone #(s): _________________________________________

C. Billing Information:

Account # to which processing fees should be billed: ______________

Billing Contact: Name ___________________________ Phone ____________

ATP Intramural Application Rev. 11/15/13
III. Funding Information

Requests will be reviewed by the ATP Tissue Utilization Committee, and approved requests will be prioritized. To help determine your priority, please include your major research grant. Institutional and other funding sources may be listed. If you are currently unfunded, please indicate below:

<table>
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<tr>
<th>Funding Source</th>
<th>Period of Support</th>
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Please provide the title and a short research summary of the proposed research on the tissues you are requesting from the ATP:

Project Title: ____________________________________________

Research Summary (*please limit response to space provided, or attach a summary no longer than one page)*:
IV. Services Requested (Please copy this page as needed for multiple requests).

A. Please check the lung conditions for which you would like to receive tissue:
   - ☐ Cystic Fibrosis (CF)
   - ☐ IPF
   - ☐ COPD
   - ☐ Sarcoidosis
   - ☐ Pulmonary Hypertension
   - ☐ Scleroderma
   - ☐ Normal failed donor
   - ☐ Other (please specify): __________________________________________

B. Human Tissue Specimen Criteria
   1. Anatomic Site or Tissue Type___________________________________________
   2. Must specimen be sterile? ☐ Yes ☐ No ☐ As clean as possible
   3. Gender: ☐ Male ☐ Female ☐ Either
   4. Time Constraints:
      Must be collected/processed within ____ hrs of surgical removal OR ☐ time constraint not applicable
   5. Patient Limitations (i.e., age, race, or other limiting characteristics): ________________________________
   6. Amount of tissue required (minimum to maximum size or dimension): ________________________________
   7. Total number of samples needed: _______________________________________

B. Preparation and Preservation of Samples (please mark only those that apply)

☐ Fresh. Indicate media requirements:
   - ☐ Transport Media (RPMI 1640); ☐ Saline; ☐ Dry; ☐ Other: ________________________________
   Add supplements:
   - ☐ Antibiotics (indicate type & amount) ________________________________
   - ☐ Fetal Calf Serum (indicate percentage) ________________________________
   - ☐ Fungizone (indicate amount) ________________________________
   Temperature Requirements: ☐ Cold (wet ice or refrigerated); ☐ Room temperature; ☐ Other: ____________________

☐ Frozen [Indicate freezing requirements (fresh-frozen, OCT, etc.)] ________________________________

☐ Fixed. [Indicate fixative requirements (10% BNF, etc.)] ________________________________

Unless otherwise instructed, for transplants that take place during the evening or at night, we will wait until the following business day to alert your staff that samples are available. If samples are collected over the weekend:
   - ☐ Please contact my laboratory personnel during the weekend when samples are available
   - ☐ Please wait until the next business day to contact my laboratory personnel regarding availability of samples.

Information provided will include: anatomic site of tissue, provisional diagnosis, final diagnosis, quality control diagnosis and patient age, sex and race (if available). Please indicate if additional information will be required: ________________________________

NOTE: If information requested requires a chart review, an additional charge of $40 will be assessed.
I.  Agreement for use of Tissues
The recipient/investigator agrees that the tissues provided by the Airway Tissue Procurement (ATP) Facility through the UAB Tissue Collection and Banking Facility will be used only for the research purposes specified in this application. The recipient agrees not to attempt to obtain information identifying the individuals from which tissue is obtained. The recipient agrees that it shall not sell any portion of the tissues provided by the ATP, or products directly extracted from these tissues (e.g. protein, mRNA or DNA). The recipient agrees that it shall not transfer tissue (or any portion thereof) supplied by the ATP to third parties without the prior written permission of the ATP.

II.  Tissues of Human Origin Agreement
The recipient understands that while the ATP attempts to avoid providing tissues that are contaminated with highly infectious agents such as hepatitis and HIV, all tissues should be handled as if potentially infectious. The individuals who have supplied tissue to the ATP have not agreed to have clinical tests performed on this tissue (e.g. for the presence of infective agents such as hepatitis), therefore, the recipient agrees not to perform such tests on the tissues supplied by the ATP. The recipient acknowledges that the institution where the tissue will be used follows OSHA regulations for handling human specimens and will instruct their staff to abide by those rules. The recipient further agrees to assume all responsibility for informing and training personnel in the dangers and procedures for safe handling of human tissues.

Tissues are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. The ATP accepts no responsibility for any injury (including death) damages or loss that may arise either directly or indirectly from their use.

I assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues. I, as the investigator receiving these tissues, also ASSUME FULL RESPONSIBILITY FOR INFORMING AND TRAINING ALL PERSONNEL IN THE DANGERS AND PROCEDURES FOR SAFE HANDLING OF THESE AND ALL OTHER HUMAN TISSUES. I further agree to indemnify and hold harmless the Airway Tissue Procurement Facility and the UAB Tissue Collection and Banking Facility from any claims, costs, damages or expenses resulting from any injury (including death), damage or loss that may arise from the use of the tissues provided.

III.  Acknowledgement Agreement
The recipient agrees to acknowledge the contributions of the Airway Tissue Procurement Facility in all publications resulting from the use of these tissues. Recommended wording to the methods or acknowledgement section is as follows: “Tissue samples were provided by the Airway Tissue Procurement Facility of the University of Alabama at Birmingham. Other investigators may have received specimens from the same subjects.”

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN AGREEMENTS I-III ABOVE:

_________________________________________  ______________________________________
Typed or Printed Name                      Title

_________________________________________  ______________________________________
Signature                                  Date                                      Division or Department

UPON RECEIPT OF THESE SIGNED UNDERSTANDINGS AND THE INFORMATION REQUESTED ABOVE, THE AIRWAY TISSUE PROCUREMENT FACILITY WILL CONSIDER THIS REQUEST. Specific questions about your application should be directed to Ms. Kathy Sexton at 205-934-6071 or sexton@uab.edu.