**Neurosurgical Biorepository Intramural Research Requisition Form**

* Mission Statement: Our mission is to provide SNB and other NIH intramural investigators with access to high-quality neurosurgical related biospecimens (tissue, blood, CSF) with accurately annotated metadata.
* Submit this completed form along with the accompanying SNB NPU sample list form (Excel file) to [pj.cimino@nih.gov](mailto:pj.cimino@nih.gov). Address any requisition questions to the same.
* All tissue requests are reviewed by the SNB/NPU tissue committee. FFPE tissue requests will additionally go through the Laboratory of Pathology (NCI).

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| **Requestor Information** | | | | |
| Principal Investigator: | Title: | Institution/Branch: | Phone: | Email: |
| Project contact (if not Principal Investigator): | | | Phone: | Email: |
| Title of Project: | | | Dates of Project: | |

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| **Additional Requestor Information (If appointment is not in SNB)** |
| IRB/Protocol Number (or waiver for use of human tissue): |
| Does the project require de-identified or identifiable samples (If identifiable, a copy of the specific protocol may be requested): |

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| **Description of Project and Biospecimen/Data Requested** |
| (Summarize how the biospecimens/data will be utilized. Specify specimen selection criteria, number of samples, biospecimen type, tissue type, etc. Add additional pages as necessary.) |

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| **Requestor Agreement** | |
| * I understand that all biospecimen requests will undergo tissue committee review to ensure sound scientific justification and adherence to best practices for tissue preservation, maintenance, and sample protection. * If biospecimens are provided de-identified (honest broker system), I agree to never attempt to identify the individuals from whom these biospecimens/data originate (unless otherwise specified in the investigator’s protocol). * I agree that the use of these biospecimens and associated data must adhere to all NIH regulatory guidelines, including third party situations. * I acknowledge that the quality and completeness of data is not guaranteed and that I use specimens at my own risk. * I confirm that I have official institutional approval or exemption in order to work with banked human tissue. * If data is used in publications, grant proposals or presentations I agree to acknowledge the biorepository as follows: "Biorepository material used in this study were obtained from the Neuropathology Unit Core of the Surgical Neurology Branch, which is supported by intramural funding from the National Institute of Neurological Disorders and Stroke." I will provide reprints or publication reports to [pj.cimino@nih.gov](mailto:pj.cimino@nih.gov) when available. | |
| Signature of Principal Investigator: | Date: |

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| **NPU Use only** |
| Date of Request Received: |
| NPU Requisition Number: |
| Tissue Committee Approval (Yes/No; If no, stated reasons; Date): |
| Request Approval (Final Approver; Date): |