Washington University in St. Louis
SCHOOL OF MEDICINE

The Washington University Kidney Translational Research Center (KTRC)
Human Specimen, Data or KTRC Service Request Form --Instructions

Use of existing, de-identified human specimens or data obtained from the Washington University KTRC or to use KTRC services requires Washington University Medical School Human Research Protection Office (WUMC HRPO) approval or an Institutional Review Board (IRB) equivalent. In most cases, because of minimal patient risk, the protocol review may be expedited. If no identifying information is disseminated your research may not be considered as human subjects research, but your local regulatory agency may need to make that determination; KTRC acts as an "honest broker" in these cases. The KTRC will review each written request to ensure biospecimens and data are distributed to authorized researchers.

1. HRPO or Institutional Review Board equivalent approval letter or waiver if your research does not qualify as human subjects research.
2. Signed Code Access and Specimen Utilization Agreement (below)
3. Washington University KTRC Specimen and Data Request Form (below).
4. Provide additional approvals from appropriate agency if materials are to be used in animal research.

Submit to:

The Washington University Kidney Translational Research Center (KTRC)
Attention:

Sanjay Jain, MD, PhD (Director)
Campus Box, 8126
Phone: 314-454-8728
Fax: 314-454-7735
Email: sanjayjain@wustl.edu

For **Transplant** Kidney Specimens:
Andrew Malone, MB MRCPI (Director-Transplant Kidney Research)
Campus Box 8126
Phone: 314-363-8696
Fax: 314-362-2713
Email: amalone@wustl.edu

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The Washington University Kidney Translational Research Center (KTRC)
Code Access and Specimen and Data Use Agreement

In accepting specimens or data requested on this form, the investigator and laboratory principal investigator both agree:

1. To use specimens and data for research purposes only in compliance with the cited WUMC HRPO or institutional equivalent approved protocol or permission. The specimen and data are provided as is with no guarantees or liabilities.
2. To use appropriate safeguards to prevent Use of Disclosure of Data other than as specified in the approved protocol.
3. To not actively seek the individual patient identity of "de-identified" (coded) specimens unless specifically approved in the study protocol.
4. That all individuals working with unprocessed tissue specimens and body fluids have received and have documented appropriate training in the handling of potentially infectious human specimens through the Division of Environmental and Health Safety at Washington University School of Medicine or institutional equivalent.
5. To acknowledge the support of Washington University KTRC and Division of Nephrology.
6. To agree that results from your studies may be included in the Washington University KTRC Database after publication.
7. To prohibit distribution or propagation of specimens or data to other researchers without approval from the KTRC.
8. To agree to share the biospecimens with other KTRC approved investigators.
9. To assume financial responsibility for all sample processing charges. For international shipments, invoices need to be paid prior to shipping of the samples.
10. To comply with guidelines of your funding agency (example, NIH) for data sharing and distribution to public repositories such as dbGAP.
11. Material or data are sent without any warranties.

Signed: _____

Investigator Name: _____

Investigator Title: _____

Institution: _____

Date: _____

Washington University in St. Louis
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The Washington University Kidney Translational Research Center (KTRC) Human Specimen, Data and Services' Request Form

Date: _____

Requested by: _____

Principal Investigator: _____

Department/Institution: _____

Telephone: _____ E-mail: _____

Select Service Requested

Bioresource enquiry (specimen or clinical data enquiry)	
Translational research consultation (IRB, consent, recruitment, grant)	
***Specific project support (enrolment, collection, storage, specimens or cell line requests, outcome research)**	
*Molecular services (DNA, RNA, sections/slides) or molecular and genomic data	
Bioinformatics (data mining, designing study forms)	
Equipment use (nanodrop, RTPCR/taqman, cryostat, microscope)	

For Specific Services marked by an "*" please provide:

Protocol Title and WUMS HRPO or institutional equivalent number (attach documentation):

_____

_____

Funding sources for the proposed study:

Relevant Publications (max. 2 that will be helpful for review)

Attach a brief (~150 word or less) description of the proposed study, including (you may attach any email content that covers these items):
- State what you are requesting, and any specific names or IDs of samples if known
- Scientific rationale (include kidney disease or patient population being studied)
-Type of assay to be performed with the specimens or data
-Justification for the number and type of specimens or data
-Relevance to the study of kidney and urological disease
-Planned use of study results (publication, grant application, abstract presentation, pilot data etc.)
-Whether additional specimens or data may be requested for this study in the future

Specimen Type	**Unit**	**Quantity**	**# Patients**
Serum			
Plasma			
Urine			
Blood			
Stool			
DNA			
RNA			
Slides (frozen sec)			
Slides (paraffin sec)			
Tissue (frozen, fixed)			
iPSCs			