

Research Proposal

Attach a single A4 page providing the title and a succinct summary of the research project (aims, technical methods and estimated project duration) for which SINGHEALTH Tissue Repository materials are requested.

A large, empty rectangular box with a thin black border, intended for the researcher to provide the title and a succinct summary of their research project. The box occupies most of the page below the instructions.

D. Information relating to Central Institutional Review Board Approval (Please enclose a copy of the IRB Approval Letter)

Project Title:				
Approval Ref:		Expiry Date (mm/dd/yy)		Estimated Project Duration:
Remarks (if any) :				

E. Materials Requested:

Average size of tissue released is 5 mm³; whole blood released: 1.5 ml (1 tube) and serum released: 0.5ml (1 tube) unless specified.

Tumour type (s):			
No. of tissues requested:	If more than one tumour type, specify number for each type:		
Do you need	Rank your priority if more than two matched items are selected;		
- Frozen Tissue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Number of tissues requested: _____.
- Fresh Tissue? *To include a Pathologist as collaborator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Number of tissues requested: ._____.
Do you need any of the following:	Rank your priority if more than two matched items are selected;		
- Matched Normal Tissues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ranking ()
- Matched Serum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ranking ()
- Matched Whole blood?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ranking ()
If you need all three (matched Normal Tissue, Serum and Whole Blood), please tick the box <input type="checkbox"/>			
Please list any additional information required and the reason for your request:			

Please note:

All researchers (SingHealth and non-SingHealth staff) will be charged a full cost-recovery fee of S\$280 (excluding prevailing GST) per sample to meet the costs of tissue collection and storage.

For Official use:

Conditions for use of SINGHEALTH Tissue Repository Material

We the undersigned hereby accept the release of and take control and possession over the Repository Material ("Materials") identified in section E, upon the following terms:

1. We understand that all Materials are not tested for or treated against viruses, bacteria, other infectious agents, or biohazards, and all Materials should be handled as if potentially infectious. Recipient(s) and Recipient Institution(s) agree to assume all responsibility and risks for the safe and proper receipt, handling, transportation, storage, use and disposal of the Materials, and for informing and training personnel in the responsibilities and risks thereof.
2. All Materials are provided without warranty or merchantability, satisfactory quality, fitness for a particular purpose, compliance with description, or any other warranty, express or implied. SINGHEALTH accepts no responsibility for any injury (including death), damages or loss that may arise either directly or indirectly from their receipt, handling, transportation, storage, use and/or disposal.
3. We further agree to indemnify and hold harmless SINGHEALTH and all its officers and employees against all risks, damages, costs and liabilities arising from the receipt, handling, transportation, storage, use and/or disposal of any Materials released by SINGHEALTH.
4. We agree to use the Materials only for non-commercial research by our authorized research teams and shall not release any Materials to third parties or unauthorized employees, except with SINGHEALTH's prior written agreement and will not participate in the commercial exploitation arising from the research or receive any benefit there from unless we have obtained prior written consent of SINGHEALTH, which if granted may be subject to such terms and conditions which may be imposed by SINGHEALTH.
5. We will not attempt to contact any person whose tissue or tissue derivatives are comprised in the Materials and/or his/her relatives, whether regarding the results of any aspect of the research project or otherwise, or to obtain the identity of such person.
6. Unless otherwise waived specifically in writing by the party concerned, all parties hereto shall be named co-authors in all publications arising from such use. Publications shall also acknowledge the contribution of the SINGHEALTH Tissue Repository.
7. We agree and undertake not to retain the Materials and/or their biological derivatives and shall completely destroy the Materials and/or their biological derivatives upon completion of the research unless we furnish justification to SINGHEALTH Tissue Repository Committee and relevant Institutional Review Boards and such approvals, which may include further terms and conditions, have been obtained in writing prior to the completion. We note that fresh application must be submitted before the Materials and/or their biological derivatives can be used for any research other than that approved in this application.
8. We agree to be bound by all covenants, terms and obligations in this Agreement jointly and severally.
9. I understand the abstract of my project will be published on SINGHEALTH Tissue Repository website. In the interest of encouraging collaboration and maximizing the use of an exhaustible resource, I will provide to the SINGHEALTH Tissue Repository the data fields collected on the HBM I receive from SINGHEALTH Tissue Repository in the course of my project. I understand that the data fields will be shared with other investigator but not the data, which remains in my custody.
10. Each of the undersigned signatories represents and warrants that he/she has the power and authority to execute this Agreement.

Principal Investigator:

Name of Principal Investigator (P.I.)	Signature of Principal Investigator	Department / Institution
Name of Head of Department of P.I.	Signature of Head of Department	Department / Institution

Project Collaborators (All collaborators named on Page 1 MUST sign)

Name of Collaborator	Signature of Collaborator	Department / Institution
Name of Head of Department	Signature of Head of Department	Department / Institution

Name of Collaborator	Signature of Collaborator	Department / Institution
Name of Head of Department	Signature of Head of Department	Department / Institution

APPROVAL ENDORSED BY:

Chairman SINGHEALTH Tissue Repository Committee	Signature	Date