

For office use only:

Received: _____

SHSTC: _____

Code: _____

Application to Use the Services of the SHS Tissue Repository

The goal of the SingHealth Tissue Repository is to provide well-managed tissue repository/banking services to all SingHealth researchers. Please refer to the SOP manual for details of the services provided by the Repository including its policies and procedures. Please print or type neatly. All sections should be completed. For items that are not applicable, please state "NA". Incomplete applications will be returned.

Please submit completed form to: The Assistant Manager
SingHealth Tissue Repository
Block B, 7 Hospital Drive,
#01-15,
Singapore 169611.
Tel: (65) 6236 7807
Fax: (65) 6223 8754

Section A

1. TITLE OF PROJECT

2. PROPOSED PROJECT START AND END DATE

Start (month/year):

End (month/year):

3. APPLICANT(S)

<u>Principal Applicant(s)</u>	<u>Position</u>	<u>Department</u>	<u>Institution</u>
<u>Collaborator(s)</u>	<u>Position</u>	<u>Department</u>	<u>Institution</u>

4. DETAILS OF PROPOSED RESEARCH PROJECT

(If this project has already been approved or is pending approval by a funding agency, please provide the complete copy of the proposal that was sent to the funding agency and the approval letter from the agency; otherwise fill items 4.1 to 4.4)

Summary of research project

(In not more than 300 words, please provide a brief description of the proposal, its significant features and how the research can advance knowledge and understanding in the relevant field of research)

Version: 11 August 2010

Detailed experimental plan

(The objective(s), hypothesis, approach and research plan should be described in detail)

Significance of the project

(Discuss the clinical or other significances of the project, e.g. how the results may benefit or change patient care, improve the current understanding of a clinical condition or improve the diagnostic tools currently available, generate new knowledge, etc.)

References pertaining to the proposed work

5. STATUS OF INSTITUTIONS REVIEW BOARD APPROVAL

(Please provide the letter of approval from the IRB. Approval is required before deposition and/or withdrawal of HBM can commence)

Date of Submission:

Status:

Date of approval:

6. STATUS OF FUNDING AGENCY APPROVAL

(Please provide the letter of approval from the FUNDING AGENCY)

Date of Submission:

Status:

Date of approval:

7. CURRICULUM VITAE

Principal Applicant(s) and collaborator(s) should submit a 3-page CV containing information relevant to this application.

Section B**8. DETAILS OF HBM DEPOSITION/COLLECTION**

- Types of specimens to be collected
- Number of specimens to be collected
- Expected duration of specimen collection
- Detailed protocol for specimen collection
- Proposed/potential future use for the collection

Signature and Name of Principal Applicant(s)

Signature and Name of Director/ Assistant Manager

Name of Pathologist where appropriate

Section C**8. DETAILS OF HBM WITHDRAWAL**

Are the HBM part of your collection?

- Yes/No

If Yes

Please give details of the HBM you wish to retrieve and the schedule for withdrawal

If No

Please state the type and number of HBM you wish to withdraw

Signature and Name of Principal Applicant

Signature and Name of Director/ Assistant Manager

Conditions for Use of SingHealth Tissue Repository Services

We, the undersigned, hereby accept the release of and take control and possession over the Repository Human Biological Materials (HBM) upon the following terms:

1. We understand that all HBM are not tested for or treated against viruses, bacteria, other infectious agents, or biohazards, and all HBM should be handled as if potentially infectious. Recipient(s) and Recipient Institution(s) agree to assume all responsibilities and risks for the safe and proper receipt, handling, transportation, storage, use and disposal of the HBM, and for informing and training personnel in the responsibilities and risks thereof.
2. All HBM are provided without warranty or merchantability, satisfactory quality, fitness for a particular purpose, compliance with description, or any other warranty, express or implied. SingHealth Tissue Repository 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 Tissue Repository (STR) 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 HBM released by SingHealth Tissue Repository.
4. We agree to use the HBM only for non-commercial research by our authorized research teams and shall not release any HBM 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 therefrom 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 understand the need to safeguard the privacy of patients and protect the confidentiality of their health information, and agree to keep strictly confidential all such information obtained from the Repository.
6. We agree and undertake not to retain in our laboratories the HBM and/or their biological derivatives withdrawn from the Repository once the research project is completed, unless written permission is obtained from the SingHealth Tissue Repository Committee and institution Ethics Committee. We note that a fresh application must be submitted before the HBM and/or their biological derivatives can be used for any research other than that approved in this application.
7. We will not attempt to contact any person whose HBM or HBM derivatives are comprised in the released material 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 without written approval from the SingHealth Tissue Repository Committee.
8. Unless otherwise waived specifically in writing by the parties 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.
9. We shall indemnify the SingHealth Tissue Repository and all its officers and employee against any loss or damage to the HBM collections arising from accidents.
10. We agree to be bound by all covenants, terms and obligations in this Agreement jointly and severally.
11. I understand the abstract of my project will be published on the STR website. In the interest of encouraging collaboration and maximizing the use of an exhaustible resource, I will provide to the STR the datafields collected on the HBM I receive from STR in the course of my project. I understand the data fields will be shared with other investigators but not the data, which remains in my custody.
12. Each of the undersigned signatories represents and warrants that he/she has the power and authority to execute this Agreement.



9. DECLARATION OF THE APPLICANT(S)

We have read the Standard Operating Procedure (SOP) for SingHealth Tissue Repository (Repository) and the conditions for use of the Repository’s services and agree to abide and be bound by them and all other SOP and conditions for use that may be added and amended by the Tissue Committee from time to time. (All applicants and collaborators must sign)

Principal Applicant(s)

Signed by:

(Signature of Principal Applicant)

Print name: _____

Designation: _____

Department: _____

Institution: _____

Address: _____

Contact no.: _____(O) _____(HP)

Email: _____

Date: _____

Project Collaborator(s)

Signed by:

(Signature of Principal Applicant)

Print name: _____

Designation: _____

Department: _____

Institution: _____

Address: _____

Contact no.: _____(O) _____(HP)

Email: _____

Date: _____

Version: 11 August 2010

COMMENTS AND APPROVAL FROM HEAD OF DEPARTMENT:

I support/do not support* this application.

Signature

Date

Name in BLOCK LETTERS

Department / Institution

COMMENTS AND APPROVAL FROM CMB / DIRECTOR:

I support/do not support* this application.

Signature

Date

Name in BLOCK LETTERS

Institution

**Delete whichever is inapplicable*