Stanford Tissue Bank
Research Agreement

Date: __________

Principal Investigator: ____________________________________________

Project #: __________

Project title: ______________________________________________________

By signing below, I agree to the following statements or conditions attesting to the appropriate and ethical conduct of my research using tissue specimens obtained from the Stanford Tissue Bank:

• I am fully responsible for the research performed using specimens obtained from the Stanford Tissue Bank.
• I have provided truthful information on the nature and IRB/PRMS review of my research study.
• I will use specimens obtained from the Stanford Tissue Bank only for the research project as described in the service request, and only as approved by the IRB.
• I will respect patient privacy and confidentiality, and not access protected health information linked to specimens except as specifically approved by the IRB.
• I will not share or distribute tissues to any third party or collaborator not listed on the service request form.
• I will not sell tissues to any third party.

Signed: ___________________________ Dated: ______________

> In addition, the Tissue Bank requests that any publications resulting from use of specimens appropriately recognize those clinicians making significant contributions to tissue procurement (e.g. co-authorship may be appropriate), and include a statement in the acknowledgements indicating that tissue specimens were obtained from the Stanford Tissue Bank. The Tissue Bank requests to be informed of resultant publications.

______________________________

Return by mail or fax to:

Stanford Tissue Bank, Clinical Coordination Offices, Mail Code 5456, 265 Campus Dr., Ste. G0815, Stanford, CA 94305
(phone) 650-725-1282, (fax) 725-1285

Last modified 5/06