

**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
5176, 800 Welch Road, Room 168, Stanford, CA 94305
(phone) 650-725-1282, (fax) 725-1285