

REQUEST FOR SERVICES

MUSCULAR DYSTROPHY TISSUE AND CELL REPOSITORY

DIRECTIONS

The information requested in this form will be evaluated by the MD Repository Utilization Committee prior to making a recommendation to the Muscular Dystrophy Tissue and Cell Repository regarding your request for tissue or cell samples.

When submitting a request for samples:

1. Please print legibly or type.
2. Please be specific about the criteria of tissue specimens (e.g. type and amount of tissue, limiting characteristics).
3. All samples will be coded with a unique identifier de-linked from specific patient identifiers to maintain patient confidentiality.
4. The shipping costs for the requested specimens are borne by the investigator making the request.
5. In addition to the form, please provide an NIH-style Biosketch.
6. Send your completed forms and Biosketch to:

Steven A. Moore, M.D., Ph.D.
University of Iowa
Department of Pathology
4270A Carver Biomedical Research Building (CBRB)
285 Newton Road
Iowa City, IA 52242

For additional information email
steven-moore@uiowa.edu

Prioritization considerations:

Requests for samples will be prioritized using the following criteria (in no particular order of priority):

1. Scientific merit
2. Support by extramural funding (e.g. NIH)
3. Translational potential (based on mix of basic and clinical science approaches)
4. Participation by the PI in the tissue procurement process
5. With regard to pilot projects, the potential for future extramural funding

INVESTIGATOR DATA

A. Principal Investigator:

Investigator's Title:

Department:

Campus Address:

Phone (day):

Email address:

Contact Person:

Phone:

Do you have any interest in collaborating on this project with a clinical colleague? Yes No

B. Funding Information:

Are you currently funded? Yes No

If yes, please list funding sources and periods of support below:

Funding Source

Period of Support

C. Proposed Research

Please provide the title and a short summary of the proposed research on the tissues you are requesting (use separate page).

SERVICES REQUESTED

1. Select type of specimen requested

(If a specific patient sample is requested, please enter the sample ID from the Repository database here: _____)

- Tissue
 - Skeletal Muscle
 - _____Biopsy
 - _____Autopsy
 - Heart
 - _____Biopsy
 - _____Explant
 - _____Autopsy
 - Skin
 - _____Biopsy
 - _____Autopsy
- Cultured Cells
 - _____Fibroblasts
 - _____Myoblasts

2. Indicate diagnostic criteria

Clinical Diagnosis _____

Genetic Diagnosis _____

Patient Limitations (e.g. sex, age, etc) _____

Amount of Tissue Required (specify minimum to maximum size or dimension) _____

Total Number of Specimens Needed _____

Requested Starting Date to Receive Tissue _____

(Note: Please notify the Repository ASAP if your needs change)

Information pertaining to diagnosis, patient age and sex will be provided without the need to obtain IRB approval. For those projects requiring additional information, it will be necessary to obtain prior review and approval by the University of Iowa IRB and/or other institutional IRB (see attached Usage Agreement form).