



School of Medicine
Department of Physiology

Biological Specimen User Agreement

The recipient hereby agrees that the specimens provided by the "LSUHSC-NO Comprehensive Alcohol-HIV/AIDS Research Center CARC Experimental and Analytical Core will be used only for the research purposes specified in the Materials Transfer Agreement between CARC and the recipient investigator/s P60 application entitled:". This material and their products, including fluid or cell products, shall not be sold or distributed to third parties or used for commercial purposes.

The specimens are provided as a service to recipient Investigator without warranty of merchantability or fitness for a particular purpose. Recipient agrees to assume full responsibility for training and informing all personnel in dangers, and procedures for safe handling of human and non-human primate specimens.

The recipient investigator hereby agrees to acknowledge the contributions of the CARC Analytical Core (P60 AA009803) in all publications resulting from the use of these materials.

The recipient investigator agrees to assume all risks and responsibility in connection with the receipt, handling, processing, re-storage and use of the specimens.

BY MY SIGNATURE, I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

Typed Name of Recipient

Department Institution

Signature of Recipient

Date

The CARC Analytical Core will release specimens upon receipt of these signed understandings and other requested information.

Contacts :
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Sample Request Form

LSUHSC-NO Comprehensive Alcohol-HIV/AIDS Research Center
533 Bolivar Street, Room 310
New Orleans, LA 70112
Phone: (504) 568-6178 Fax: (504) 568-2854

Date: _____

Name of Principal Investigator: _____

Name of person requesting service (if different): _____

Lab Phone Number: _____

Email: _____

Fedex Account Number to charge for shipping costs: _____

Shipping address

Attn: _____

Department: _____

University: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

	Tissue or Sample Type	Model	Tissue Frozen/fixed	Sample type Serum, Plasma	Quantity (gms or mls)
1					
2					
3					
4					
5					
6					
7					
8					
9					

Project Aims:

Rationale:

Experimental Plan:

Statistical Plan:

Purpose of Request:

Funding Source:

Additional Comments/Instructions: