

CARC Tissue Request Form

**LSUHSC-NO Comprehensive Alcohol-HIV/AIDS Research Center
1901 Perdido St., New Orleans, LA 70112 Phone: (504) 568-2854 Fax: (504) 568-2860**

Please Remember:

1. Please complete entire form. All items must be answered – fill in N/A where applicable.
2. Upon receiving all paperwork, the responsible personnel will send a confirmation email and a prospective date of shipping.
3. Tissue/biological specimen: Please indicate all information to process the tissue including handling & acquisition of the tissue and biological specimens, packaging of the tissue, shipping details, contact person for pick up etc. Include as much information as necessary to meet the requirements of your project.
4. **Please allow 4-6 weeks to process your request. Please Return ALL information to:**

**Meghan Brashear at mmcgl@lsuhsc.edu
1901 Perdido Department of Physiology
New Orleans, LA, 70112**

Please feel free to speak with a member of our team if you have any questions or concerns.

Office hours are 8:30-5:00pm Monday thru Friday. 504-568-2854.

Biological Specimen User Agreement

The recipient hereby agrees that the tissues to be provided by the CARC will be used only for the research purposes specified in this application. Tissues and their products shall not be sold or distributed free of charge to third parties or used for commercial purposes, including the production of cells or cell products for sale. Tissues are provided as a service to the research community without warranty of merchantability or fitness for a particular purpose or any other warranty, express or implied. Recipient agrees to assume full responsibility for training and informing all personnel in the dangers, and procedures for safe handling of non human primate or human tissue. **Documentation ensuring the presence of a rhesus exposure protocol and an MD trained in rhesus macaque exposure on staff or affiliated with the research group is required.**

The recipient investigator agrees to be responsible for all charges for the procurement and processing of the samples requested.

The recipient investigator hereby agrees to acknowledge the contributions of the CARC in all publications resulting from the use of these tissues.

The recipient investigator agrees to assume all risks and responsibility in connection with the receipt, handling, storage and use of tissues. The recipient investigator further agrees to indemnify and hold harmless the CARC for costs, damages or expenses resulting from the use of the tissues provided by the CARC.

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

Typed Name of Recipient	Title/ Address of recipient investigator/ Division and Department
-------------------------	---

Signature of Recipient	Date
------------------------	------

The CARC will consider this request for tissue upon receipt of these signed understandings and other requested information.

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: