

Tata Memorial Hospital
National Tumour Tissue Repository (NTTR)

FORM A

Requisition Form for Retrieval of Tissues for Research Purposes
for TMC In- House Projects

Request Details:

Date

A. Principal Investigator:

Name:

CC No :

B. Place of Work: TMH / ACTREC

C. Address:

D. Contact Tel. No / Email ID.:

E. Project Collaborators :

Name	TMH / ACTREC	Designation
a. .		
b. .		
c.		
d.		

F. Title of the Project / Research Proposal:

G. TMH/ ACTREC- IEC Project No.

H. Has the Project been approved by TMH /ACTREC IEC: Yes / No

I. Date of acceptance of the project by IEC: Date/ Month/Year

(Please attach a Xerox copy of approval.)

J. Tissues requested:

1. Sites of Tissues :

Tumour / Normal / Plasma / Serum / Buffy Coat

2. Total no. of samples required from each site

3. Duration of the project:

K. Whether associated Clinical Data required: Yes / No
(Please attach a copy of the Clinical Data Format)

Conditions for the use of Tumour Tissue Repository Material

We the undersigned hereby accept and take control of the tissues released from the Repository (identified in section J) upon the following terms.

1. Materials should be handled as potentially infectious.
2. TMH-NTTR will not take responsibility for the loss of tissue once it has been disbursed to the PI or co-PI
3. The released tissues will only be used by the concerned research team & it shall be used exclusively for the project in question.
4. No tissues should be given to a 3rd party without written permission by IEC & NTTR
5. Publications / presentations should acknowledge the TMH –NTTR as the source of tissues.
6. A fresh application form should be submitted if the project exceeds the stipulated time span or if more tissues are required than the stipulated numbers.
7. A copy of the annual report should be sent to the NTTR

Signature of P.I.

Checked by:_____

Reviewed and approved by_____

Date of approval_____: