

Catholic Healthcare West Intellectual Innovation Network (CHWiin)

Research Material Request

INVESTIGATOR QUESTIONNAIRE FOR *RECEIVING* RESEARCH MATERIALS

This form is to be used when you are obtaining materials for your research program. CHWiin requires all information in this form before it can review and sign any Material Transfer Agreement.

Questions? Please send to chwiin@chw.edu or contact by phone at 602.406.8702.

1. Principal Investigator: Department: Title:
Email: Phone: Fax:
Building/Room Number:
Shipping Address for material (if different from Building/Room Number above):

2. Primary Researcher who will use material, if not Principal Investigator:
Name: Email: Phone:

3. Name and address of Provider Organization (company or institution providing material):
Name: Address:

4. If research contact for organization is known, please provide contact information below.
Name: Email: Phone:

5. If legal contact, technology transfer, or administrative contact at Provider Organization is known, please provide contact info here:
Name: Email: Phone:

6. What is the material you are requesting? Please provide name of Material and Description here:

7. Please describe the planned use of the material. Please outline specific experiments providing abstract or project summary; also attach any relevant letters or e-mails exchanged with provider regarding planned use of the material.

8. How long would you like this material transfer agreement to remain in place for the exchange of materials?
 6 months 1 year 2 years 3-5 years

9. Please provide all source(s) of funding for your research with the materials (i.e. NIH and foundation grants, fellowships). This will help us avoid conflicts between obligations to research sponsors and any obligations requested by Provider Organization.
Sponsor(s): Grant Title: Grant Number:

10. Please check the appropriate boxes.

Yes No Do you have a financial interest in the Provider Organization (equity, stocks, securities, income, consulting)?

Yes No Are you aware of alternative sources, or do you know if this material is commercially available?

Yes No Will the materials be used in conjunction with any other materials received from a third party?

Yes No Have any confidentiality, nondisclosure, or other agreements from the provider been signed which relate to the material requested? If yes, please provide.

Yes No Are the materials relevant to any previous or pending invention disclosures?

Yes No Will you receive any information about the material which might be considered confidential or

proprietary? If yes, please explain in attachment.

Yes No Do you have any other collaborators (either at CHW or another institution/company) on the project in which the material will be used? If yes, please provide contact information for the collaborator.

Yes No Will you create any derivatives or make modifications to the material? If yes, please explain.

Yes No Will the material be used in conjunction with other materials or equipment which was received or requested (not purchased) from other providers? If yes, please identify other materials/equipment and the provider.

If yes to any of the above, please explain in below.

11. Does your lab receive industrial support for any of the below:

Yes No The project in which material will be used

Yes No Any portion of the Principal investigator's salary or the salary of individuals working on the project

Yes No The purchase of supplies, reagents, animals, tissues or cells required for the project

If yes to any of the above please explain below.

12. For the purpose of research compliance review, check all of the following which apply.

Research will use human subjects Research will use vertebrate animals

Material being obtained is human in origin Research requires production of antibodies in a vertebrate animal

IF YOU ARE NOT RECEIVING HUMAN SAMPLES/TISSUES, PLEASE GO DIRECTLY TO THE SIGNATURE LINE BELOW.

IF YOU ARE RECEIVING HUMAN SAMPLES/TISSUES TO THE REQUESTING SCIENTIST, PLEASE FILL OUT THE FOLLOWING QUESTIONS:

Tissue refers to ANY specimen obtained from patients or human research subjects, e.g.: fixed, frozen or fresh pathology or autopsy specimens, any blood, urine, saliva, semen, breast milk or other biological material obtained from humans, any purified DNA, RNA, proteins, cell lines or clones, whether collected primarily for clinical purposes or specifically for research.

Regardless of how the tissue was obtained, the proposed use of this tissue for research must be reviewed by the CHW facility's IRB.

13. Please provide the CHW Facility's IRB protocol number and title, and attach a copy (cut & paste) or the protocol and a copy of the CHW Facility's determination (approval letter, exemption determination, etc.).

If you only have hard copies, please fax them to CHWiin (602) 294.5109 OR you may also scan and email to chwiin@chw.edu.

Protocol # and Title:

Protocol copy of IRB's determination:

14. Has the CHW IRB specifically approved the use of these materials by your lab? Yes No

If no, please explain why approval is not necessary/relevant? If the USE AND TRANSFER has not been specifically reviewed, an amendment to the current IRB protocol may be necessary.

15. Were the samples collected from the patients? Please check appropriate box.

Surgical Procedure

Blood Draw

Delivery/obstetric procedure

NIH

Company-sponsored clinical trial/research

Other

PI-initiated or CHW-sponsored clinical trial/research

If other, please explain:

16. What form of consent was obtained from the patients?

CHW standard Procedure Consent

CHW standards Consent for Obstetrical procedures and Activities

- Study-specific written consent (please append)
 None or don't know. Please explain

17. Will any patient information or other clinical data be transferred with the samples? Yes No

If Yes, will the information/data contain any of the following identifiers (check applicable boxes)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Address by street location | <input type="checkbox"/> Address by town/city/zip code |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Fax number | <input type="checkbox"/> Certificate/license number |
| <input type="checkbox"/> Social security number | <input type="checkbox"/> Medical record number | <input type="checkbox"/> Account number |
| <input type="checkbox"/> Dates (DOB, DOD, admission/discharge) | <input type="checkbox"/> Health plan beneficiary number | <input type="checkbox"/> Vehicle Identification Number (VIN) |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Web URL's | <input type="checkbox"/> Internet protocol (IP) address |
| <input type="checkbox"/> Medical device identifiers serial numbers | <input type="checkbox"/> Full Face Photographic Images | <input type="checkbox"/> Biometric identifiers (finger/voice prints) |

Any other identifier or combination of identifiers likely to identify the subject

PLEASE NOTE: The transfer of samples with identifiable information may carry additional requirements (e.g., patient consent and authorization) under federal human subjects regulations and/or the HIPAA Privacy Rule. If the identifiers transferred are limited to address by town/city/zip code, dates, and other identifiers not specifically listed above, the provider of the material (if it is a "covered entity" under HIPAA) may require that a data use agreement be put into place before the transfer occurs. Please forward any such data use agreement to CHW*iin* for review.

Please be aware: There may be terms and conditions in the Material Transfer Agreement which preclude your use of the materials in research sponsored by industry, limit your ability to commercialize your inventions or prevent you from obtaining other materials for the same project. Please let CHW*iin* know of any special concerns you may have with respect to the material.

Principal Investigator Certification: By signing this form or submitting this through my registered CHW email address, I certify that the foregoing is true and correct to the best of my knowledge, and I agree to comply with the current Catholic Healthcare West Intellectual Property Policies (130.1.001) as well as any and all federal/state regulations that may apply.

Name

Date

Please return completed form to:
CHW Intellectual Innovation Network (CHWiin)
222 West Thomas Road, Suite 406
Phoenix, AZ 85013
Phone: 602.406.8702
Fax: 602.294.5109
Email: CHWiin@chw.edu