



## Instructions

1. **Complete** Sections 1-5.
2. **Sign** the Usage Agreement (digital signatures accepted).
3. **Submit** by email to the following address: [ADI-Requests@omrf.org](mailto:ADI-Requests@omrf.org)
  - 3.1. **Format:** Save the file as request date YYYY-MM-DD, last name of the PI, organization with IRB #.  
Example: 2014-03-03 James OMRF 13-35.pdf
  - 3.2. **Attach** a copy of your study's current IRB approval letter.

## Section 1. Contact Information

Request Date: _____	Principal Investigator: _____
Contact Email: _____	Requestor (if not PI): _____
Contact Phone: _____	

## Section 2. Purpose

Study Title: _____	IRB#: _____
Please provide a short description of the proposed use of the requested materials/data in relation to the goal of the study:	

## Section 3. Request

Request Type: <input type="checkbox"/> Materials <input type="checkbox"/> Data (fill out the remaining fields for material requests only)	
Sample Type: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC <input type="checkbox"/> LCL <input type="checkbox"/> DNA <input type="checkbox"/> Other: _____	
Storage Temperature: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C <input type="checkbox"/> -196°C <input type="checkbox"/> Other: _____	
Aliquots/Subject: _____	Minimum Mass/Vol/Conc: _____
Total Aliquots: _____	Units: _____

## Section 4. Receipt

Delivery Type: <input type="checkbox"/> FedEx (# _____) <input type="checkbox"/> Pickup <input type="checkbox"/> Personal Delivery <input type="checkbox"/> Other: _____
Address:



**Section 5. Request Criteria**

In the following area, please list any criteria for data/material requests. For example, race, gender, age...
If request is for specific subjects, please list subject identifiers here or attach .txt file with list.

**Usage Agreement**

The OMRF Autoimmune Disease Institute Biorepository provides samples to investigators with the understanding that all institutional policies regarding human subject research (IRB approvals) will be appropriately followed. Material transfer agreements (MTA) are to be executed PRIOR to shipping/sending any samples or data outside of the institution. When the Core provides samples to individuals within OMRF, all requests will require documentation of an IRB approved study. When the Core provides samples to individuals outside of OMRF, all requests will require documentation of an IRB approved study, FWA # of approving IRB, and documentation of execution of a MTA before samples or data will be provided.

The OMRF Autoimmune Disease Institute Biorepository, Phenotyping, and Bioinformatics Cores are subsidized by multiple NIH and other non-profit funding sources. As per NIH regulations, all funding sources associated with Autoimmune Disease Institute Core services must be cited in presentations and publications resulting from the use of core services.

Investigators who receive data, samples, or analysis support implicitly agree to cite the Cores in all publications and presentations where these materials are used. Investigators must also provide the publication drafts to the Cores prior to submission to ensure that all appropriate funding sources and collection contributors are acknowledged. Additionally, all investigators receiving Core services will guarantee that all reasonable efforts will be undertaken to ensure appropriate PMID entry are completed in a timely and accurate fashion.

The funding sources to be acknowledged if any of the Core services are utilized include: P30GM103510, P20RR020143, and P30AR053483. Each manuscript resulting from data, samples, or analysis support produced from usage of Core services requires the following verbiage per the NIH:

Research reported in this publication was supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases and from the National Institute of General Medical Sciences of the National Institutes of Health under award numbers P30GM103510, P20RR020143, and P30AR053483. The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Additional funding acknowledgements will be provided by the Core administrators depending upon the types of materials (samples or data) provided from specific collections.

PI Signature: \_\_\_\_\_ (can be provided electronically with image or typed name)