

 **MUSC Health**
HOLLINGS CANCER CENTER
TISSUE BIOREPOSITORY
Order Form

IRB #

Principal Investigator:

Date of IRB Approval:

Date of IRB Renewal, if applicable:

Current Tissue Biorepository request:

Brief description of proposed usage:

Patient-linked data requested (i.e.; age, race, sex, smoking status)
(Additional charges apply):

I pledge that the Institutional Review Board for Human Research of the Medical University of South Carolina has previously approved my research project and authorized the transfer of (**de-identified** OR **identified PLEASE CHECK ONE**) human tissue to me or a representative of my laboratory or my direct collaborator. As Principal Investigator, I realize that I may be audited by for-cause or at random by the IRB to verify my project's compliance.

Contact Number

Date

Principal Investigator Signature

Other study staff and contact numbers:

HCC Tissue Biorepository Use Only

Copy of IRB approval form received:

Comments:

Date of request:
Rev 11/12/2008

Date order fulfilled:

TB personnel initials: