



Carroll A. Campbell, Jr.
Neuropathology Laboratory
Department of Pathology and Laboratory Medicine
171 Ashley Ave. MSC 908
Charleston, SC 29425-908

Carroll A. Campbell, Jr. Neuropathology Laboratory

In order to obtain tissue samples from the Carroll A. Campbell, Jr. Neuropathology Laboratory, you must read, sign, and return the following documents to our office:

1. Tissue Specifications
2. Single User Agreement
3. Human Tissue Handling Risks & Safety Precautions Agreement
4. Acknowledgement Agreement
5. Copy of your Internal Review Board (IRB) approval for your study protocol

The processing of the request is contingent upon the availability of tissue. Please mail completed forms to: Department of Pathology and Laboratory Medicine 171 Ashley Ave. MSC 908 Charleston S.C. 29425-908 or fax to (843) 792-9447

Carroll A. Campbell, Jr. Neuropathology Laboratory Tissue Request

Submission Date: _____

Principal Investigator: _____

Lab Contact Person: _____

Phone: _____

Email: _____

Grant Number: _____

Shipping
Address _____

Provide a description of the tissue you are requesting:

1. Type of sample _____
2. Method of Preparation _____
3. Number and type of cases _____
4. Subjects Age-range and Gender _____
5. Specific Areas (eg. frontal cortex) and quantity of tissue (in grams or # of sections) _____

6. Other specifications _____

Single User Agreement

As the investigator of record, I acknowledge that the Carroll A. Campbell, Jr. Neuropathology Laboratory has distributed postmortem human tissue to me for research purposes only. I understand that this tissue is for my expressed use only. I agree that I will not distribute any samples, or portions of samples that I have been given to other investigators without the expressed written permission of the Campbell Laboratory.

Investigator of record

(Print Name)

Investigator of Record

(Signature)

(Date)

Human Tissue Handling Risks & Safety Precautions Agreement

Postmortem Human tissue is potentially infectious. Universal precautions must be followed when working with postmortem human tissue regardless of the method of tissue preparation.

Precautions include double gloving, wearing protective garment, face or eye protection, and appropriate washing of instruments and working areas.

All waste is biohazard and must be disposed of according to your institution's policy for handling biohazard material.

Any laboratory staff member who will be handling postmortem human tissue must be trained in the proper methods of handling these specimens.

We do not intentionally distribute tissue known to be infectious unless specifically requested for a particular research project. However, we cannot guarantee that any postmortem human tissue is free of transmittable infectious agents. Therefore, the investigator of record holds the responsibility to ensure all individuals working with postmortem human tissue use proper safety precautions.

As the investigator of record, I understand the regulations stated above and I accept full responsibility to ensure that safe handling techniques are followed in my laboratory when working with postmortem human tissue. I also accept the responsibility to train staff members in the approved techniques for handling these tissues.

Investigator of Record

(Print Name)

Investigator of Record

(Signature)

(Date)

Acknowledgement Agreement

As the Investigator of Record, I agree to provide acknowledgement of the Carroll A. Campbell, Jr. Neuropathology Lab at the Medical University of South Carolina in any publication related to the use of this tissue sample. Specific citation of the contribution of the Campbell Lab will be included in both the Methods section and the Acknowledgement section of the manuscript.

Investigator of Record

(Print Name)

Investigator of Record

(Signature)

(Date)