

ANIMAL CARE COMMITTEE

OFFICE OF RESEARCH SERVICES

**Of**

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**Data/Tissue Transfer Form**

**1.0 Purpose**

This form has been created for the purpose of streamlining the review process here at Ontario Tech for work utilizing animal tissue or data acquired from another institution.

**2.0 Instructions**

This form can only be used for Animal Use Protocols that have been approved at another Institution. Please fill out this form and **submit 1 ELECTRONIC COPY of this form and ALL SUPPORTING DOCUMENTATION to the Animal Care Coordinator at** researchethics@ontariotechu.ca.Hand written forms will NOT be accepted.

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| **Section 1: Utilization of Form** |
| **Please check off the appropriate utilization of this form:** **[ ]  Data Transfer**; *please complete Sections 2, 3, 4, and 8 of this form.* **[ ]  Tissue Transfer**; *please complete all Sections of this form.* |

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| **Section 2: Investigator(s) Information** |
| **Full Name** **(first & last)** | **Project Role** | **Position/Affiliation at Institution** | **Name of Institution** | **Email Address** |
|       | [ ]  PI[ ]  Co-Investigator |       |       |       |
|       | [ ]  Co-Investigator |       |       |       |
|       | [ ]  Co-Investigator |       |       |       |
|       | [ ]  Co-Investigator |       |       |       |
| *All co-investigators must be listed. If you need more space, attach a separate document to the application.* |

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| **Section 3: Project Information** |
| **Name of Institution that originally granted approval:** |       |
| **Institution’s Animal Care Committee Coordinator Information:** | Contact Name:      Contact Number:       |
| **Project Title:** |       |
| **AUP Start Date:** |       | **AUP End Date:** |       |
| **Required Supporting Documentation:** | [ ]  Approved AUP *(please submit this along with this application)*[ ]  AUP Approval Letter *(please submit this along with this application)* |
| **Has this project received peer and/or scientific review?** | [ ]  Yes[ ]  No |
| **Is the Research funded?** | [ ]  Yes; it is funded [ ]  No; it is unfunded (*If No, please continue onto Section 4)* |
| **Name of PI on funding application:** | first & last |
| **Source/Agency Name:** |       |

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| **Section 4: Project Rationale** |
| **Please explain the purpose of this project below with the aid of these questions:**1. **What is the rationale and/or purpose of the transfer?**
2. **How will the tissue or data be transported, received and stored?**
3. **How will the tissue or data be utilized?**
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| **Section 5: Disposition of Tissue** |
| **What are the plans for the disposition of the tissue upon completion of the study? (Check all that apply)**[ ]  To be kept for future use (provide details on storage & security below)[ ]  Disposal (specify method below)[ ]  Other (explain below)      |

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| **Section 6: Tissue Information** |
| **Indicate what species will be used, the type of specimens that will be collected and any tissue specifics and/or hazards.** |
| **Species** | **Tissue Type *(e.g. fixed, etc.)*** | **Tissue Specifics and/or Hazards****(Does the tissue contain biohazards, etc.?)** |
|       |       |       |
|       |       |       |
|       |       |       |
| *If you need more space, attach a separate document to the application.* |

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| **Section 7: Hazard Assessment** |
| **Will the work done at Ontario Tech involve the use of biohazards?**[ ]  Yes1. If yes, do you already have Approval?

 [ ]  Yes: What is your Biosafety Certificate number?       [ ]  No: Contact the Biosafety and Radiation Safety Officer.[ ]  No |
| **Will the work done at Ontario Tech involve the use of radiation hazards?** |
| [ ]  Yes1. If yes, do you already have Approval?

 [ ]  Yes: What is your Radiation Permit number?       [ ]  No: Contact the Biosafety and Radiation Safety Officer.[ ]  No  |

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| **Section 8: Signatures** |
| I certify that the information provided in this Data/Tissue Transfer Form is complete and accurate for the purpose of receiving a review from the Ontario Tech Animal Care Committee. **Please check off the boxes below to ensure this form is complete for submission:****[ ]  Approved Animal Use Protocol (AUP) from the other Institution****[ ]  Approval Letter for AUP** |
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Principal Investigator’s Full Name:

Date: MM/DD/YYYY

*\*(If you are unable to add an electronic signature, print off this page, sign it and scan a PDF copy, and email it to* researchethics@ontariotechu.ca *along with your application).*