

ANIMAL CARE COMMITTEE

OFFICE OF RESEARCH SERVICES

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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](mailto: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.?)** |
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| *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?**  Yes   1. 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?** |
| Yes   1. 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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Microsoft Office Signature Line...

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](mailto:researchethics@ontariotechu.ca) *along with your application).*