

# FORM R-2 REPOSITORY SAMPLE REQUEST

## UAB Center for AIDS Research Specimen Repository

*INSTRUCTIONS: This form must be completed, signed by the principal investigator, and approved by the UAB Specimen Repository prior to sending any specimens to the Repository. Once the project is approved and a project number is assigned, all requests for service must include the assigned project number.*  
FAX (205) 975-9939; PHONE (205) 934-5520; 908 So. 20<sup>th</sup> St., Birmingham, AL 35294-2050

TITLE: \_\_\_\_\_

PRINCIPAL INVESTIGATOR (PI): \_\_\_\_\_

CLINIC/LAB AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPONSOR: \_\_\_\_\_; SPONSOR #: \_\_\_\_\_; GRANT #: \_\_\_\_\_

FUNDING SOURCE: \_\_\_\_\_; CFAR Member  $\pi$  YES  $\pi$  NO

PROJECT DESCRIPTION: \_\_\_\_\_

TYPE OF SAMPLE REQUESTED: \_\_\_\_\_

PATIENT CHARACTERISTICS OF THE REQUESTED SAMPLES (e.g., therapy status, CD4, viral load, age, race, etc.): \_\_\_\_\_

IRB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IRB/IRB APPROVAL DATE: \_\_\_\_\_ IRB/IRB EXPIRATION DATE: \_\_\_\_\_

Note: If not IRB approved and need in this process, please contact Paul Goepfert ([paulg@uab.edu](mailto:paulg@uab.edu))

All requests will be evaluated by Paul Goepfert and colleagues at the UAB CFAR Clinic Repository and they will contact you within 2 weeks of the receipt of this request. At this time, we will let you know the number of samples available for your study and the regulatory processes that must be met in order to attain the samples.