

FORM R-1 REQUEST FOR SAMPLE PROCESSING

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. 20th St., Birmingham, AL 35294-2050

TITLE: _____	
PRINCIPAL INVESTIGATOR (PI): _____	
CLINIC/LAB AFFILIATION: _____	
ADDRESS: _____	
PHONE: _____	FAX: _____
EMAIL: _____	
PROJECT DESCRIPTION: _____ _____	
TYPE OF SERVICE: <input type="checkbox"/> New Protocol <input type="checkbox"/> Process Specimens <input type="checkbox"/> Store Specimens <input type="checkbox"/> Ship Specimens (Please check all that apply)	
SPONSOR: _____; SPONSOR #: _____; GRANT #: _____	
FUNDING SOURCE: _____; CFAR Member <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF FUNDING SOURCE IS AVAILABLE, LIST THE PARTY TO WHOM INVOICE SHOULD BE SENT: NAME: _____ ADDRESS: _____ PHONE: _____ FAX: _____ EMAIL: _____	
IF NO FUNDING SOURCE, PLEASE CONTACT PAUL GOEPFERT (paulg@uab.edu) TO DETERMINE IF YOUR PROJECT CAN BE DONE WITHOUT OUTSIDE FUNDS	
LIST ALL SPECIMEN TYPES THAT WILL BE HANDLED BY THE REPOSITORY: _____ _____	
NUMBER OF SUBJECTS/SPECIMENS: _____; DATE OF FIRST SPECIMEN: _____	
IRB NAME: _____	
ADDRESS: _____	
ERB/IRB APPROVAL DATE: _____ ERB/IRB EXPIRATION DATE: _____	
<i>By signing below, I certify that I have obtained and will maintain all IRB approvals and informed consents related to the specimens sent to this facility for storing, processing and/or shipping, according to OPRR and all state and federal requirements. I understand that specimens that do not comply with Repository policy will be held or returned at sender's expense or held until compliance is achieved. I agree to assume all liability for noncompliance with these requirements and hold harmless and indemnify UAB CFAR Specimen Repository from all liability resulting from noncompliance. I further agree that all publications, abstracts, posters, or presentations which report on findings supported, at least in part, by this Core, must acknowledge this as follows: "This (project) was supported by the Center for AIDS Research/Core Support Grant number P30-AI-27767 from the NIAID." I understand that there will be fees associated with Repository services and I agree to pay for these services as invoiced.</i>	
PI SIGNATURE: _____	DATE: _____
FOR REPOSITORY USE ONLY:	
ASSIGNED REPO # _____ ENTERED IN DATA BASE ON _____	
PROTOCOL INSTRUCTIONS RECEIVED _____ REPOSITORY POLICY SENT TO PI ON _____	

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REPOSITORY SUPERVISOR SIGNATURE: _____ DATE: _____

DIRECTOR SIGNATURE: _____ DATE: _____

Revised Version 3.0 06/02/2008