Application for Research Organs and Tissue

The mission of ConnectLife is to enhance and save lives through organ, eye, tissue and blood donation while maintaining respect for those who give the gift of life. ConnectLife feels that providing samples for medical research is an important aspect of the services we provide in support of our mission.

Instructions for Researcher
Parties interested in obtaining organs or tissues for research purposes are required to complete this application and mail to Eye and Tissue Services, ConnectLife, 4444 Bryant & Stratton Way, Williamsville, NY 14221 or fax to 716-276-3655. If the application is found to be incomplete, it will be returned to the applicant with a note indicating what information is needed in order for the application to be considered.

Evaluation Process
The ConnectLife Eye and Tissue Bank Department Head or designee and the Medical Director will review each application taking into consideration the following factors:

- Consistency with the ConnectLife mission and values.
- Potential of the research to advance medical science.
- Resources required on the part of ConnectLife to provide the requested organ/tissue.
- Ability of ConnectLife to provide the requested organs/tissues without negatively impacting the authorization/donation/procurement process for transplantable tissues.

Applications not approved will be returned to the applicant with an explanation as to why the application was denied.

Donor Information
Upon request, a summary of the medical history for each donor will be provided with the organ/tissue. To maintain patient confidentiality, all identifying information will be redacted and only the ConnectLife unique identifying number will be supplied. The donor name or any other identifying information will not be provided to any researcher or research organization unless specifically authorized by the authorizing agent.

Research Tissue Guidelines

- Tissue is provided for research purposes only. No portion of this tissue is to be transplanted, implanted or infused into a human, unless being used in an approved clinical trial.
- Tissue received under this application may not be shared with a 3rd party for a different research project unless a separate application is filed and approved.
- Always observe universal precautions when handling human tissue. All tissue should be handled as potentially infectious.
- Dispose of tissue in an appropriate biohazard waste container.
- Tissue is provided without any warranty as to the merchantability or fitness for a particular purpose or any other warranty express or implied.

******************
Date of Application: __________ Name of Principal Investigator: ________________________________

Institution: ________________________________________________________________

Department: ________________________________

Address: ________________________________________________________________

Phone: ________________________________________________________________

Title of Project: __________________________________________________________

Brief Description of Project: (attach an additional sheet if necessary) __________________________________________________________

______________________________________________________________

Organ/Tissue Sample Requirements: __________________________________________

______________________________________________________________

Age Criteria: ____________________ Recovery Time Parameters: ____________________

Total # of Samples/Donors: __________________________________________________

Organ/Tissue Preservation Method (fresh, frozen, fixed, etc.): ______________________

Shipping Method: __________________________________________________________

Inclusion Criteria: __________________________________________________________

______________________________________________________________

Exclusion Criteria: __________________________________________________________

______________________________________________________________

Special Instructions: _______________________________________________________

Are funds available from private or public sources to reimburse ConnectLife for expenses incurred in the recovery of organs/tissues? ☐ YES ☐ NO

If YES – please indicate the source: ____________________________________________
How do you wish to be notified when samples are available?

Name of Staff:____________________________ Phone/Pager #:__________________________

Only during business hours?  □ YES  □ NO
Daytime – including weekends?  □ YES  □ NO
Any time tissue is recovered?  □ YES  □ NO

Principal Investigator Signature:__________________________________________________________

Approval: ___________________________________________ Date:__________________________
  Department Head of Eye/Tissue Services or designee

Approval: ___________________________________________ Date:__________________________
  Medical Director for Eye/Tissue Services