

**University of Iowa
Holden Comprehensive Cancer Center
Tissue Procurement Facility**

USAGE AGREEMENT

The recipient acknowledges that the conditions for use of this research material are governed by the University of Iowa Institutional Review Board (IRB) in accordance with Department of Health and Human Services regulations at 45 CFR 46. The recipient agrees to comply fully with all such conditions and to report promptly to the Tissue Procurement Facility Director any proposed changes in the research project and any unanticipated problems involving risks to subjects or others. The recipient remains subject to applicable State or local laws or regulations and institutional policies, which provide additional protection for human subjects.

The research material may only be utilized in accordance with the conditions stipulated by the University of Iowa IRB, as follows:

- The recipient will receive no information that could identify the subject.
- If the recipient requests identifying information, the Tissue Procurement Facility personnel will not provide it.
- All specimens will receive a number that is used for tracking purposes (e.g., date of collection, associated experiment number, etc).
- Information about the subject will be kept confidential in password-protected computer programs and locked files in a secure, non-public area in the institution that can only be accessed by authorized Tissue Procurement personnel.
- The information listed below will be provided about the subject/tissue. Additional information regarding occupation, blood type, smoking history, alcohol use diabetes, hypertension and medication use may be provided upon request if available.
 - Sex
 - Age
 - Race
 - Diagnosis
 - Histological cell type
 - Residual disease

FOR IRB USE ONLY
APPROVED BY: IRB-01
IRB ID #: 199810079
APPROVAL DATE: 01/14/08
EXPIRATION DATE: 01/13/09

Any use of this material beyond the terms of this agreement requires prior review and approval by the University of Iowa IRB.

If recipient use of this material is within the above guidelines and conditions, University of Iowa IRB review of the recipient's project is not required.

Director, Tissue Procurement Facility
Barry De Young

Date

Recipient

Date

Grant Number: _____

Project Title: _____
