**Request for Research Use of Data and/or Leftover Specimens**

* You may not give or sell the data and/or specimens to any third party without the written consent of the NWBT Principal Investigator (nwbt@uw.edu).
* Depending on the details of your request, documentation of IRB approval may be required.
* You do not need UW IRB approval if you are requesting access to de-identified data and/or specimens. If you are affiliated with the UW, please refer to HSD SOP “Human Subjects Research” (<http://www.washington.edu/research/hsd/docs/1253>) and complete the necessary forms.
* It is possible that additional data related to these specimens may be relevant to your research in the future. NWBT will maintain a record of your request fulfillment for at least 10 years after the date this request is signed. You may request additional data during this time.

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| **Requestor Information** | | | | | | | | | | |
| Principal Investigator: | | Title: | Institution/Department: | | | | Phone: | | | Email: |
| Campus Box: | If non-UW, mailing address: | | | Project Contact (if not PI): | | | Phone: | | | Email: |
| **Title of Project**: | | | | | | **Date Health Info / Specimens Needed:** | | | | |
| **Funding Source Name (agency, company):** | | | | | **Agency Number:** | | | **Dates of funding:** | | |
| **Description of purpose of project and data requested:**  (Summarize how you plan to use the health information and/or specimens. Specify specimen selection criteria, numbers of samples needed, etc. Add additional pages as necessary.) | | | | | | | | | | |
| **Requestor Agreement** | | | | | | | | | | |
| * I understand that I will not have access to individual identifiers linked to the data and specimens I receive unless my IRB approval specifies that NWBT can provide this to me. * I agree that I must never attempt to identify the individuals from whom these data and/or specimens were obtained unless my IRB approval allows me to do so. * I understand that only the parties signing this agreement will have access to the data and/or specimens I receive. * I agree that I must never give or sell these data and/or specimens to any third party without submitting a written request to NWBioTrust and receiving written approval of said request. * I agree that if I discover a medically actionable test result, I will notify the NWBT Principal Investigator (nwbt@uw.edu) immediately. * I acknowledge that the quality and completeness of data cannot be guaranteed, and that I will use these data and/or specimens at my own risk. | | | | | | | | | | |
| Signature of Requestor (PI): | | | | | | | | | Date: | |
| **Approval of Request** | | | | | | | | | | |
| Signature of NWBT Honest Broker office approver (PI or designee): | | | | | | | | | Date: | |

Attach as appropriate:  IRB approval documents  If external to UW, signed Material Transfer Agreement (MTA)  Budget number: