**Medical College of Wisconsin Office of Research**

**REQUEST FOR APPROVAL TO TRANSFER BIOSPECIMENS - HUMAN RESEARCH**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PI making request: |  | Phone: |  | Email: |  |

Please check the appropriate statement(s) below:

|  |  |  |
| --- | --- | --- |
|  |  | I am requesting approval to transfer biospecimens collected during research at **MCW** to another institution. |
|  |  |  |
|  |  | I am requesting approval to transfer biospecimens collected during research at the **VA** to another institution. |
|  |  |  |
| PI signature: |  | Date: |  |

**REQUEST TO TRANSFER SPECIMENS FROM THE FOLLOWING STUDY:**
*NOTE: If requesting specimens from more than one study, please use additional forms.*

|  |  |
| --- | --- |
| PRO #: |  |
|  |  |
| Study Title: |  |
|  |  |
| Outcome of Protocol: |  | Terminated |  | Transferred to another MCW Investigator |
|  |  |  |  |  |
| Description of biospecimens to be transferred: *(type of biospecimen [blood tissue plasma], quantity, handling/shipping requirements)* |
|  |
|  |
| List Name(s) and Department(s) of any investigators currently at MCW who may have a research interest in the biospecimens to be transferred: |
|  |
| Provide a brief explanation of why you are requesting the transfer of biospecimens and provide a description of the proposed use of the biospecimens for research purposes in new institution: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dept. Chair/Center Director/Supervisor Name: |  | Dept: |  |
|  |  |  |  |
| **Signature of above (REQUIRED):** |  | **Date:** |  |

|  |
| --- |
| Please submit your completed form to:Office of ResearchFAX: (414) 955-6565 or EMAIL: research@mcw.edu For questions, call (414) 955-8495. As soon as all approvals have been obtained, the signed form will be returned to you. |

**For use by the Office of Research ONLY** *(sign in order noted here)*:

1. Director, HRPP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Associate Provost for Research Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*If VA research, VA ACOS/Research Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*

 cc: Office of Grants & Contracts; HRPP QI Manager