**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 Research  FAX: (414) 955-6565 or EMAIL: [research@mcw.edu](mailto: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