**OHR22 7/8/15**

**IRB APPROVAL FOR COLLECTION OF DISCARDED TISSUE FOR RESEARCH**

**OFFICE OF HUMAN RESEARCH**

**PLEASE TYPE FORM**

**PLACE COPY IN SUBJECT HOSPITAL CHART**

**RETAIN ORIGINAL IN SUBJECT STUDY FILE**

**STUDY TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRB CONTROL #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE/EMAIL/FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide description of tissues approved for collection by the IRB:**

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|  |

Please provide names of personnel authorized by Principal Investigator to collect this tissue:

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

IRB Official Date

Walter Kraft, M.D. Kyle Conner, M.A., CIP

Director, OHR Associate Director, OHR