



FORM TITLE: Research and Education Approval Form		RELEASE DATE: 07/11/2017
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PROCEDURE LEVEL: 3	FORM NUMBER: F1 TD-040	REVISION: A

Research / Education Approval

Project Name:	
Principal Researcher:	
Affiliation:	
Telephone:	Email:
Address:	

Please Attach Research or Education Proposal

Research or Education Proposal Includes:		
<input type="checkbox"/> Principal researcher Identity	<input type="checkbox"/> Affiliation of principal researcher	<input type="checkbox"/> Funding source of research
<input type="checkbox"/> Description of project	<input type="checkbox"/> Time frame of study	<input type="checkbox"/> Type and amount of tissue
<input type="checkbox"/> Viral marker testing requirements	<input type="checkbox"/> Donor age criteria	<input type="checkbox"/> Recovery time limits
<input type="checkbox"/> Storage / preservation method	<input type="checkbox"/> Shipping / delivery method	<input type="checkbox"/> Assurance of safe disposal

Description of Project:
Time Frame of Study:
Type and Amount of Tissue Required:
Viral Marker Testing Requirements:
Donor Age Criteria:
Recovery Time Limits:
Storage/ Preservation Methods:
Shipping/ Delivery Methods:
Funding Source:

Billing Information:

Comments:

Approved By:	Date
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