Carroll A. Campbell, Jr.
Neuropathology Laboratory
Department of Pathology and Laboratory Medicine
171 Ashley Ave. MSC 908
Charleston, SC 29425-908

In order to obtain tissue samples from the Carroll A. Campbell, Jr.
Neuropathology Laboratory, you must read, sign, and return the following
documents to our office:

1. Tissue Specifications
2. Single User Agreement
3. Human Tissue Handling Risks & Safety Precautions Agreement
4. Acknowledgement Agreement
5. Copy of your Internal Review Board (IRB) approval for your study protocol

The processing of the request is contingent upon the availability of tissue.
Please mail completed forms to: Department of Pathology and Laboratory
Medicine 171 Ashley Ave. MSC 908 Charleston S.C. 29425-908 or fax to (843) 792-9447
Carroll A. Campbell, Jr. Neuropathology
Laboratory Tissue Request

Submission Date: _______________________

Principal Investigator: _________________________________

Lab Contact Person: ___________________________________

Phone: ______________________

Email: _______________________

Grant Number: __________________________

Shipping Address_________________________________________________________
________________________________________________________________
________________________________________________________________

Provide a description of the tissue you are requesting:

1. Type of sample____________________________________________________

2. Method of Preparation____________________________________________

3. Number and type of cases___________________________________________

4. Subjects Age-range and Gender_______________________________________

5. Specific Areas (eg. frontal cortex) and quantity of tissue (in grams or # of sections)
   _________________________________________________________________
   ______________________

6. Other specifications
   ____________________________________________________________________
Single User Agreement

As the investigator of record, I acknowledge that the Carroll A. Campbell, Jr. Neuropathology Laboratory has distributed postmortem human tissue to me for research purposes only. I understand that this tissue is for my expressed use only. I agree that I will not distribute any samples, or portions of samples that I have been given to other investigators without the expressed written permission of the Campbell Laboratory.

Investigator of record

________________________________________
(Print Name)

Investigator of Record

________________________________________  ______________________
(Signature)                                 (Date)
Postmortem Human tissue is potentially infectious. Universal precautions must be followed when working with postmortem human tissue regardless of the method of tissue preparation.

Precautions include double gloving, wearing protective garment, face or eye protection, and appropriate washing of instruments and working areas.

All waste is biohazard and must be disposed of according to your institution’s policy for handling biohazard material.

Any laboratory staff member who will be handling postmortem human tissue must be trained in the proper methods of handling these specimens.

We do not intentionally distribute tissue known to be infectious unless specifically requested for a particular research project. However, we cannot guarantee that any postmortem human tissue is free of transmittable infectious agents. Therefore, the investigator of record holds the responsibility to ensure all individuals working with postmortem human tissue use proper safety precautions.

As the investigator of record, I understand the regulations stated above and I accept full responsibility to ensure that safe handling techniques are followed in my laboratory when working with postmortem human tissue. I also accept the responsibility to train staff members in the approved techniques for handling these tissues.

Investigator of Record

___________________________________
(Print Name)

Investigator of Record

___________________________________      __________________
(Signature)      (Date)
Acknowledgement Agreement

As the Investigator of Record, I agree to provide acknowledgement of the Carroll A. Campbell, Jr. Neuropathology Lab at the Medical University of South Carolina in any publication related to the use of this tissue sample. Specific citation of the contribution of the Campbell Lab will be included in both the Methods section and the Acknowledgement section of the manuscript.

Investigator of Record

____________________________________
(Print Name)

Investigator of Record

____________________________________  __________________
(Signature)       (Date)