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| **For Describing the Use of Biological Materials in a Research Project** |
| **All forms must be typewritten and submitted via email to irb@illinois.edu.** |

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| **When to use this form:** Researchers planning to collect, analyze, or bank human cells, tissues, fluids, DNA, or other human biological samples, whether taken prospectively or retrospectively with regard to IRB approval, must complete this form. Submit one form per type of biological material collected. |

**Section 1. PROTOCOL INFORMATION**

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| **1A. Principal Investigator:**       |
| **1B. Protocol Number:**       |
| **1C. Project Title:**       |

**Section 2. BIOLOGICAL MATERIAL**

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| **2A. Describe the material that will be collected, analyzed, or banked for this protocol. Please include a description of the amount collected (e.g., mL of blood) and/or the frequency of collection (e.g., 2x per week for 10 weeks).**      |
| **2B. If collecting blood samples, please specify who will be collecting the sample and what training they have received. Please attach any training certifications or documentation.**       |
| **2C. Describe the subject population from whom the samples will be obtained.**      |
| **2D. Describe how samples are being obtained.**      |
| **2E. Specify the location of where the procedure is being performed. If on UIUC campus, confirm this is a** [**DRS**](https://www.drs.illinois.edu/) **audited and approved space.**       |
| **2F. Describe the intended use of the samples for the current protocol.**      |
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**Section 3. DATA CODING AND STORAGE**

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| **3A. Check all that apply:**[ ]  Samples are **unidentified**—identifying informationwas not or will not be collected or, if collected by a repository, was not maintained and cannot be retrieved by the repository.[ ]  Samples are **identified**—links to identifying personal information exist somewhere or will be collected and maintained.**If identified,**[ ]  Samples are **unlinked**—provided to the investigator **without identifiers or codes** that can link to identifiers.[ ]  Samples are **coded**—provided to the investigator **with codes** that are linked to identifiers.[ ]  Samples are **identified**—provided to the investigator **with identifying personal information**. |
| **3B. Will the samples be destroyed after the current study is completed?** [ ]  Yes [ ]  No**If no, answer questions 3C through 3F.** |
| **3C. How will samples be stored?**      |
| **3D. Where will the samples be stored?**      |
| **3E. How long will the samples be stored?**      |
| **3F. Will additional purposes be devised for these samples over the long term?** [ ]  Yes [ ]  No**If yes, explain:**       |

**Section 4. DATA SHARING AND OWNERSHIP**

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| **4A. Will any subjects receive information from the analysis of their samples?** [ ]  Yes [ ]  No**If yes, explain:**       |
| **4B. Will the PI remain in control of the samples and data?** [ ]  Yes [ ]  No**If no, explain:**       |
| **4C. Will the samples or data be shared with other Illinois investigators?** [ ]  Yes [ ]  No**If yes, explain:**       |
| **4D. Will the samples or data be shared with anyone out of the University of Illinois at Urbana-Champaign?** [ ]  Yes [ ]  No**If yes, explain:**       |
| **4F. Please note that samples and any data derived from them are owned by the University of Illinois at Urbana-Champaign.**  |
| **4G. Will subjects have the option of specifying future use or non-use of the samples?** [ ]  Yes [ ]  No |
| **4H. Is all of the above information clearly explained on the relevant consent form(s)?** [ ]  Yes [ ]  No |