**APPENDIX D**

**BIOLOGICAL SAMPLES**

Complete this form when conducting studies that include biological samples.

**NOTE:** All studies that involve biological samples must be sent to the Institutional Biosafety Committee (IBC) for review. IBC Contact information:

Sajal Ghosh, Ph.D.

Senior Compliance Specialist,

Institutional Biosafety Committee

Ph: 617-638-4531; Fax: 617-638-4226

[ibc@bu.edu](mailto:ibc@bu.edu)

1. **PROTOCOL INFORMATION**

|  |  |
| --- | --- |
| **Protocol Title:** |  |
| **Principal Investigator/Degree:** |  |

|  |  |
| --- | --- |
| YES  **(REQUIRED)** | This protocol has been submitted to the IBC for review. |

1. **SAMPLES INFORMATION**

|  |  |
| --- | --- |
| **Please check the type(s) of sample being used in this study. Check all that apply:** | |
|  | Blood by venipuncture |
|  | Blood from indwelling intravenous lines |
|  | Spinal fluid |
|  | Urine |
|  | Secretions (e.g. tears, saliva, etc.) |
|  | Stool |
|  | Hair |
|  | Other, specify: |

|  |
| --- |
| **State the purpose of the sample collection** |
|  |

|  |
| --- |
| **Provide a description of how the samples will be obtained** |
|  |

|  |
| --- |
| **Describe the plan for labeling samples.** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES\*** | **NO** |  | |
|  |  | Will samples be released to individuals outside of the study?  \*If YES, complete the box below | |
| **State the plan for sending samples outside.**  **Note: The consent form should include information about sending samples out, including who will receive the samples and who will the samples be labeled.** | | | |
|  | | | |
| **YES\*** | **NO** |  | |
|  |  | Will samples be put into a repository or stored for future use?  \*If YES, complete the box below | |
| **Describe the plan for storing samples and future use.**  **Note: The consent form should include information about storing samples and future use** | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **YES\*** | **NO** |  |
|  |  | Will genetic testing be performed on the samples?  \*If YES, complete Appendix E—Genetic Testing |