**Bone Cell Core**

**Services request form FOR HUMAN SAMPLES ONLY**

**Please Read:**

In order to receive the requested human tissue/sample and/or associated data, you will need to follow your institution’s policies and procedures for IRB oversight. The samples/data will be labeled with a study ID only, and will not contain any HIPAA identifiers. Therefore, as there is no private identifiable information, your IRB might require no oversight; a not human subjects research submission; or an exempt determination. ***It is responsibility of the recipient to follow their institutional policies.***

For non Boston University investigators: You will need to enter into a **Material Transfer Agreement** **(MTA)** with Boston University to receive the samples and/or data.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name :  (First and Last) |  | | | | | | |
| Email address: |  | | | | | | |
| Institution: |  | | | | | | |
| Address: |  | | | | | | |
| Phone Number: |  | | | | | | |
| PO# (or cost Center): |  | | | | | | |
| Service requested | Description of use: | | Quantity: | | | Additional request | |
| Date: |  | | | | | | |
| **For Core Use Only** Cost: | BUP30 | BU non-P30 | | nonBU-P30 | nonBU-nonP30 | | Junior |
| Date: | Invoice # | | | | | | |

**Complete this form and email to : BoneCell@bu.edu**