



May 2, 2025

Investigator Name

Address

Dear Dr. Last Name,

This letter is in response to your request to transfer specimens to a principal investigator or laboratory outside of your institution. As a reminder, CHTN samples are intended for the use by the laboratory and/or personnel that fall under the supervision of the principal investigator listed in the CHTN application. Any transfer of samples or aliquots to personnel or laboratories that are not under the supervision of the indicated principal investigator requires the following:

- An explanation of the need to transfer the materials and benefit to the investigator's research,
- A copy of the CHTN agreement page from the CHTN application signed by the collaborator,
- A copy of the collaborator's IRB approval unless the collaborator is covered under the IRB approval granted for the project proposed in this application.

The CHTN does not supply samples to banks solely for distribution to third parties; those investigators should be encouraged to apply to the CHTN directly. Patient identity or other identifying information cannot be provided to investigators. This ensures complete confidentiality regarding medical information of patients.

Once the above agreements and explanation for the need to transfer specimens, your primary division will review the information and inform you whether your request is acceptable.

If you have any questions, please contact First Name, Last Name (X Division Coordinator).

Sincerely,

Name

X Division Coordinator