

HUMAN SUBJECTS AGREEMENT

The recipient of Cooperative Human Tissue Network (CHTN) tissue as designated below acknowledges that the conditions for the receipt of these tissues are governed by the Institutional Review Boards (IRBs) of the CHTN, in accordance with the Department of Health and Human Services regulations for the protection of human subjects ([45 CFR Part 46](#)). The recipient agrees to comply fully with the specific conditions as stipulated below, and to report to the Cooperative Human Tissue Network any proposed changes in the research project and any unanticipated problems involving risks to subjects. The recipient remains subject to applicable state and local laws or regulations and institutional policies that provide additional protections for human subjects.

The recipient hereby agrees that the tissues to be provided by the Cooperative Human Tissue Network will be used only for the research purposes specified in this application and in accordance with the following conditions stipulated by the Cooperative Human Tissue Network in accordance with IRB requirements. Specifically:

1. The recipient will not attempt to identify donor patients, the hospital, physicians, or the personnel involved in patient treatment or in obtaining of these specimens.
2. The recipient will not use the coded number supplied by the CHTN in publications.
3. The recipient will not transfer the specimens to third parties unless specific approval is obtained from the CHTN.
4. The recipient will not use the tissue directly in a product that is marketed commercially (e.g. preparation of control slides) nor should the tissue be sold to third parties.
5. The recipient will treat the information supplied with the tissue as confidential medical information and secure the data at all times.

BY MY SIGNATURE I AGREE TO THE TERMS SET FORTH IN THE ABOVE AGREEMENT

Typed Name of Recipient

Division or Department

Typed Name of Official
Authorized to Sign for the Agency

Signature of Recipient Date

Division or Department

Signature of Authorized Official Date