nPOD User Application

I acknowledge that the conditions for use of this research material are governed by the UF Institutional Review Board (IRB) or the Principal Investigator's IRB in accordance with Department of Health and Human Services regulations at 45 CFR 46.

I agree to comply fully with all such conditions required by the appropriate IRB.

I will respect patient privacy and confidentially, and will not access protected health information linked to specimens, except as specifically approved by the appropriate IRB.

I remain subject to applicable State or local regulations and institutional policies, which provide additional protections for human subjects.

I understand that all samples will be handled as if potentially infectious and will inform and train all lab personnel in the procedures for safe handling of these human tissues.

I acknowledge that I am aware of OSHA regulations for the handling of human specimens in my laboratory.

I assume full responsibility for informing and training all personnel in the dangers and procedures for safe handling of these human samples.

To the extent permitted by applicable law, I agree to indemnify and hold harmless JDRF-nPOD as well as all persons and entities involved to any extent in the screening, collection, analysis, and storage of the tissues/samples including but not limited to JDRF from any claims, costs, damages, or expenses resulting from any injury, including death, damage or loss that may arise from the use of the tissue provided by the nPOD Organ Processing and Pathology Core.

I, hereby, agree that the samples provided by the nPOD Organ Processing and Pathology Core will be used for research purposes only. Samples will not be sold or distributed to third parties. This research material may only be utilized in accordance with the conditions stipulated by the nPOD Organ Processing and Pathology Core and UF IRB. Any additional use of this material requires prior review. The samples are provided as a service to the research community without warranty or merchantability of fitness for a particular purpose or any other warranty, expressed or implied.

I agree to acknowledge the use of samples provided through the JDRF nPOD project in published scientific papers and to submit a copy to be listed in the online nPOD archive. Further, I acknowledge and agree to comply with the nPOD Publications Policy.

I acknowledge that I have read and understood the data sharing plan and agree and confirm my willingness to share data with nPOD, again as part of its mission to generate a comprehensive analysis of human type 1 diabetes.

By my signature below, I agree to the terms set above:

PI Signature: 90

gutouro rowolo, N.S.

Date: NOV. 18, 20 U

Attach the following files: 1) NIH-formatted Biographical Sketch (PI and up to 2 co-investigators), 2) Research Plan including pilot data, and 3) IRB approval letter copy.

Following completion, email application and required files to npod@pathology.ufl.edu.

Scan & Email/ Fax/Mail a copy of the PI signature (current page) to:

JDRF nPOD Administrative Core 1275 Center Drive, BMSB, Room J-492 PO Box 100275 Gainesville, FL 32610-0275 University of Florida College of Medicine

Phone: (352) 273-9294 Fax: (352) 273-9370

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