# Research projects using cadaveric tissue are approved for a period of three years

This application must be submitted for review and approved BEFORE the receipt of any cadaveric tissue on UT campuses by the principal investigator.

The use of cadaveric tissue for research at the University of Toledo (UT) requires approval of the UT Cadaveric Tissues Research Committee (UT-CTRC). All cadaveric tissues – whether embalmed or unembalmed – must be obtained from an approved source, and used, stored, and disposed of in accordance with UT policies. Approved sources include: the UT College of Medicine (UT-COM) Anatomical Donation Program; the anatomical donation program of another university or medical school; a commercial source; or other organization.

In accord with the UT Policy for Research using Cadaveric Tissue, I understand that:

- Cadaveric tissue is defined as any body, body part, organ, tissue, or prosthesis surgical device or implant that is part of the body at the time of death.
- It is a felony for any individual(s) working under an approved cadaveric tissue research project to sell, barter, trade, or give away cadaveric tissue.
- All research experiments or educational training that utilizes cadaveric tissue must receive prior approval by the UT-CTRC.
- The principal investigator assures that cadaveric tissues will be used only in the manner and for the purpose(s) described in this application.
- The principal investigator assures that the cadaveric tissue will be maintained and housed in a secure facility and that access to specimens will be only to those individuals involved directly in the project as described in this application.
- Disposal of cadaveric tissue must be in accord with recovery instructions from the donor source.
- Laboratories using cadaveric material on the UT campuses are subject at any time to inspection by representatives of the UT-CTRC, or other designated officials.
- Non-compliance with the policies established in this document, and or other policies implemented by the UT-CTRC, will prompt a review of the cadaveric tissue research or educational training program.

### Submission of completed application:

Submit completed application to the Director of the UT Cadaveric Tissues Research Committee (Mark Hankin, Ph.D., Department of Neurosciences).

• <u>Electronic submission</u> (preferred method): email to <u>mark.hankin@utoledo.edu</u> and send one original only with signatures. <u>Hard-copy submission</u>: provide one original and four copies.

## 1. PRINCIPAL INVESTIGATOR INFORMATION

Principal Investigator (type or print):	Principal Investigator Signature:

Department:		
Office Phone:	Home Phone:	
Pager:	Email:	

#### 2. **PROJECT TITLE**

Protocol Title:

#### 3. PROJECT PARTICIPANTS

List ALL individuals involved in this project

1 )		
Name	Position	Phone

Use additional pages as necessary. This list must be updated within 30 days as individuals either leave or join the project.

## 4. **PROJECT SUPPORT**

Title and agency for each grant, contract, or any other support associated with this research project.

Grant Title:	
Grant Agency:	

Grant Title:	
Grant Agency:	

List UT account(s) to be used for cadaver charges ("NONE" is NOT an acceptable answer, since costs are associated with cadaver preparation, storage, and disposal).

UTCOM Account(s) #:			
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#### 5. FACILITIES

Indicate the location(s) where the proposed study will be performed.			
Building(s):		Room(s):	

Indicate the location(s) where the cadaveric tissues will be stored.			
Building(s):		Room(s):	

## 6. STORAGE OF CADAVERIC TISSUE

Describe how cadaveric tissues will be stored and identified at each location(s).

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# 7. DESCRIPTION OF RESEARCH PROJECT

Briefly, address the following (attach up to one extra page if needed):

Significance of the work:

Specific aims:

Experimental design and procedures:

Description of anatomical specimens required (include number and sex):

If this is a renewal, indicate briefly how this protocol differs from the original in the form of a brief progress report **(Attach separate pages)**. If all or some of the studies proposed appear to be identical to those in the original, a brief explanation should be provided, e.g., state that they have not yet been done, or that they ongoing or explain why they must be repeated.

Does the research project duplicate previously published results?

Yes	If " <b>YES</b> ," justify the further use of cadaveric materials and state what new information is expected. <b>Response is limited to the space below.</b>
No	If <b>"NO,"</b> the investigator should provide evidence from searches of the standard health sciences databases (e.g., MEDLINE). <b>Attach search results on separate pages.</b>

## 8. SOURCE(S) OF CADAVERIC TISSUE

Please indicate the source(s) from which cadaveric tissue will be obtained.

In the space below, provide the name and contact information for EACH source of cadaveric tissue (e.g., UT-COM Anatomical Donation Program, the anatomical donation program of another university or medical school, or a commercial source). In separate documents please provide the following:

- A. Information from each source indicating that the approved use(s) of cadaveric tissue is consistent with the research or educational training proposed by UT faculty principal investigators.
- B. Information from each source indicating their policy regarding disposal of cadaveric tissue.
  - i. It is the policy of UT that if a donor source does not have an explicit disposal policy, the cadaveric tissue must be returned to the UT-COM Anatomical Donation Program for cremation (the cost of cremation will be covered by the research laboratory involved).

**IMPORTANT NOTE:** This application must be submitted for review and approved BEFORE the receipt or use by the principal investigator of any cadaveric tissue on the UT campuses.

### **APPROVAL SIGNATURES**

Signature	Signature
Director, UT Anatomical Donation Program	Chair, UT Cadaveric Tissues Research Committee
Date	Date
UTCOM/CRC Use only	UTCOM/CRC Use only
Approved project <b>start</b> date	Approved project <b>end</b> date

**PROTOCOL NUMBER:** 

UTCOM/CRC Use only