

***Please complete and submit this form when requesting bio-specimen from ID bio-repository for each IRB approved project to [steven.gootee@louisville.edu](mailto:steven.gootee@louisville.edu) If IRB approval has not yet been granted please indicate below, and submit the approval letter and protocol when approval is received.***

**Project/Study Information:**

**Title of Project:**

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**IRB Approval Number:** \_\_\_\_\_ **IRB Approval Date:** \_\_\_\_\_

**Full Name(s) of Principal Investigator(s):** \_\_\_\_\_

**Email address of Project Contact person:** \_\_\_\_\_

**Phone number of Project Contact person:** \_\_\_\_\_

**Bio-specimen Information:**

**Anticipated Dates for bio-specimen collection- (MM/DD/YYYY)**

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Type of bio-specimens needed:**

- Urine
- Respiratory Specimen: OP      NP      BAL      Sputum
- Whole Blood:      Coagulated Type-      Anti-coagulated Type-
- Serum
- Other

**Anticipated number of bio-specimens needed for this study (e.g. biospecimen from Number of subject/patient)**

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**Methods and instructions for needed bio-specimen:**

Refer to approved Standard Operating Procedures for each specimen type to be processed/stored

**or**

Please attach clear and specific, bullet-point instructions describing the exact procedures to be followed for specimen collection (example: blood collected in purple top tube), transport, handling, processing, storage and clinical data need

**(Attach a separate sheet(s) if necessary)**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Any questions or concerns about the samples please contact Dr. Leslie Wolf or Dr. Subathra Marimuthu*

*leslie.wolf@louisville.edu*

*subathra.marimuthu@louisville.edu*