

**Biosafety Assessment:  
Biospecimen Repository & Histopathology Services (BRS) Core Sample Request Form**

**Purpose:** To ensure that the appropriate biosafety approvals are in place for the processing/handling of UNFIXED human materials by RU investigators in research laboratories that are not part of the CINJ BRS. This form is NOT required for processing being performed within CINJ BRS laboratory spaces; the BRS has its own IBC approval for work within their respective locations.

**NOTE:** An **approved** biosafety protocol is needed that 1) includes the specific materials being obtained and; 2) appropriately describes their use and RU personnel involved. **This request will NOT be processed without the appropriate approval(s) in place, as applicable!**

**Questions?** Contact biosafety@rutgers.edu

**Instructions for PI/Requestor:**

- Complete Sections 1 and 2 then forward to REHS via email: [biosafety@rutgers.edu](mailto:biosafety@rutgers.edu) (allow 5 working days for review). REHS will review, sign and return approved Form to PI/Requestor and the Biorepository Manager.
- Form must be renewed upon the expiration of the related biosafety protocol, as applicable. Renew this Form through [biosafety@rutgers.edu](mailto:biosafety@rutgers.edu) when renewing your IBC protocol. Contact [biosafety@rutgers.edu](mailto:biosafety@rutgers.edu) for guidance, as needed.

**NOTE:** Any change in the material (e.g., new tumor tissue, cell lines, body fluid) and/or the project description may require submitting a **new** Request Form. Please check with [biosafety@rutgers.edu](mailto:biosafety@rutgers.edu).

**1. Principal Investigator (PI) Information** (Information to be completed by PI/Requestor):

<b>PI Name:</b>	
<b>PI Phone:</b>	<b>PI Email:</b>
<b>Requestor Name (if different):</b>	
<b>Requestor Phone:</b>	<b>Requestor Email:</b>
<b>PI Affirmation:</b> I accept responsibility for the accuracy of the information provided on this form.	
<b>PI Signature:</b>	<b>Date of Request:</b>

**2. Materials Involved** (Information to be completed by PI/Requestor):

<b>Please check all material involved:</b>		
Human cell line(s)	Human Tumor Tissue(s)	Human Body Fluid(s)
<b>Please provide a detailed description of this material and how it will be used/processed/analyzed in the laboratory, including use of genomic editing or recombinant technology. Also indicate if this material will be sent to other RU locations or shipped outside of RU.</b>		
<b>Please provide IBC approval # for this work:</b>		
<b>Additional comments/information:</b>		

**3. REHS Use Only: Approved Form will be forwarded to respective Core Facility Manager and PI/Requestor**

<b>Approval #:</b>	<b>Expiration Date:</b>	<b>REHS Official Signature/Date:</b>