**MUSCULOSKELETEAL TRANSPLANT FOUNDATION**

Research Tissue Policy

1. PURPOSE  
   To provide human tissue for research, with priority given to allograft-related research.
2. ELIGIBILITY  
   All request for tissue will be considered. Preference will be given to requests originating in MTF Biologics member institutions.
3. AVAILABILITY  
   Availability will be contingent on MTF Biologics inventory. If multiple requests are in progress, tissue researcher will be advised and a schedule of delivery estimated.
4. POLICY  
   All researchers must give credit to the Musculoskeletal Transplant Foundation in any presentations or publications. A copy of any abstract or publication should be forwarded to MTF Biologics. The researcher is responsible for using appropriate precautions in handling human tissue. MTF Biologics will provide the reason for rejection of the tissue or donor if rejected tissue is supplied, and the researcher assumes responsibility for the safe handling of it.
5. PROCEDURE  
   **All researchers must complete and submit the Request for Tissue Form, the Tissue Acceptance Form and a description of the research project.** The researcher will be notified upon approval and shipment of tissues will commence. Shipping charges will be paid by MTF Biologics for researchers at member institutions. Other researchers will be responsible for their own shipping charges. (Include Federal Express / UPS account number.)

|  |  |  |  |
| --- | --- | --- | --- |
| **MTF BIOLOGICS *TISSUE REQUEST FORM Form-483 Rev. 4*** | | | |
| DATE: | | E-MAIL ADDRESS: | |
| PROJECT TITLE: | | | |
| PRINCIPAL INVESTIGATOR: | | | |
| INSTITUTION NAME & ADDRESS: | | | |
| CITY: | STATE: | | ZIP: |
| OFFICE TELEPHONE #: | | | |
| TYPE OF TISSUE REQUESTED: | | | |
| ORDER NO. (IF APPLICABLE): | | TOTAL # REQUESTED: | |
| DONOR CRITERIA/DONOR AGE REQUIREMENTS: | | | |
| SPECIAL CONSIDERATIONS (i.e., PAIRED TISSUES): | | | |
| OTHER: | | | |
| START DATE: | | COMPLETION DATE: | |
| HOW WILL TISSUE BE DISPOSED OF? | | | |
| FEDERAL EXPRESS / UPS ACCOUNT # (FOR BILLING OF SHIPPING CHARGES, IF NECESSARY): | | | |

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| --- |
| **MTF BIOLOGICS *TISSUE REQUEST FORM Form-483 Rev. 4*** |

**\*Please also complete the Description of Proposed Research section on page 7 of this application.\***

If approved, researchers will receive complete donor information and the reason for the rejection for all safety precautions appropriate to handling human tissue. *Please fill out a separate form for each tissue type requested*.

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Researcher’s Signature Date

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MTF Biologics EVP Donor Services Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVP Research & Development Date

**TISSUE ACCEPTANCE WAIVER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Insert Name of Research Institution] (Recipient) has been informed by the Musculoskeletal Transplant Foundation (MTF Biologics), that the human tissue to be shipped to Recipient (“Tissue”) for the research purpose indicated in this application was rejected for transplant purposes due to the Tissue’s failure to satisfy the current testing procedures employed by MTF Biologics.

Recipient represents and warrants that the Primary Investigator has read the current OSHA recommendations for Universal Precautions, a copy of which was provided by MTF Biologics to Recipient. Recipient recognized that the handling of the Tissue may represent a potential health hazard for any individual who may handle, test or otherwise use such Tissue and agrees to be responsible for all safety precautions, which are appropriate for the safe handling and disposal of the Tissue. Recipients will clause the Primary Investigator to comply with his or her obligations hereunder.

Recipient and Primary Investigator agree to use the Tissue only for research purposes set forth in this application. Furthermore, Recipient and Primary investigator agree not to transfer the Tissue to any third party without the prior written consent of MTF Biologics.

Recipient hereby assume all legal responsibilities arising out of or relating to the use and handling of the Tissue for research purposes set forth in this application. Furthermore, Recipient hereby agree to indemnify, defend and hold MTF Biologics harmless from and against any and all liability, damages, loss or expense (including reasonable fees of attorneys and other professionals) arising from any claim, demand, action or proceeding based, arising out of or related to the use or handling of the Tissue by it or any employee, agent or contractors or the employees, agents or contractors of the laboratory or facility at which the research will be conducted.

Recipient and Primary Investigator hereby agree to comply with the terms of the MTF Biologics Research Policy, a copy of which is attached hereto.

Primary Investigator or his/her designee will accept Tissue that has been rejected in any of the categories as indicated with a “Y” for “Yes” from the list below. All rejection categories from which Recipient **does not** wish to receive Tissue are indicated with an “N” or “No”.

The Primary Investigator or his/her designee will be contacted for approval prior to any shipment of Tissues to Recipient’s laboratory or facility and will have the right to refuse any Tissue that I feel is not within the best interests of the project to accept.

*The following is a current list of reasons for rejection of Tissue for failure to satisfy MTF Biologics* *standards, which may be relevant to your work. Please mark “Y” or “N” to indicate our wishes regarding acceptance of Tissue appropriate for the research as stated within your application.*

|  |  |
| --- | --- |
| **Rejection Reason** | **Yes/No** |
| Disease Found at Autopsy (i.e., pneumonia, myocarditis, carcinoma, etc.) |  |
| Microbial |  |
| Social Risk |  |

*We recommend that you follow your state’s code of regulations, as well as OSHA Regulations on Occupational Exposure to Blood Borne Pathogens. A summary of the OSHA regulations is also available through the American Association of Orthopedic Surgeon’s Office of the General Council.*

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Primary Investigator Signature Date

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MTF Biologics EVP Donor Services Date

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EVP Research & Development Date

**Description of Proposed Research**

**Principle Investigator:**

**Co-investigators:**

**Date:**

**Project Title:**

**1. Significance**

**2. Objective**

**3. Materials and Methods**

**4. Plans for Publication**

**5. References**