

Application for Research Organs and Tissue

The mission of Upstate New York Transplant Services (UNYTS) is to enhance and save lives through organ, eye, tissue and blood donation while maintaining respect for those who give the gift of life. UNYTS feels that providing samples for medical research is an important aspect of the services we provide in support of our mission.

Instructions for Researcher

Parties interested in obtaining organs or tissues for research purposes are required to complete this application and mail to the Eye and Tissue Services, Upstate New York Transplant Services, 110 Broadway, Buffalo, NY 14203 or fax to 716-819-0655. If the application is found to be incomplete, it will be returned to the applicant with a note indicating what information is needed in order for the application to be considered.

Evaluation Process

The UNYTS Eye and Tissue Bank Department Head or designee and the Medical Director will review each application taking into consideration the following factors:

- Consistency with the UNYTS mission and values.
- Potential of the research to advance medical science.
- Resources required on the part of UNYTS to provide the requested organ/tissue.
- Ability of UNYTS to provide the requested organs/tissues without negatively impacting the authorization/donation/procurement process for transplantable tissues.

Applications not approved will be returned to the applicant with an explanation as to why the application was denied.

Donor Information

Upon request, a summary of the medical history for each donor will be provided with the organ/tissue. To maintain patient confidentiality, all identifying information will be redacted and only the UNYTS unique identifying number will be supplied. The donor name or any other identifying information will not be provided to any researcher or research organization unless specifically authorized by the authorizing agent.

Research Tissue Guidelines

- Tissue is provided for research purposes only. No portion of this tissue is to be transplanted, implanted or infused into a human, unless being used in an approved clinical trial.
- Tissue received under this application may not be shared with a 3rd party for a different research project unless a separate application is filed and approved.
- Always observe universal precautions when handling human tissue. All tissue should be handled as potentially infectious.
- Dispose of tissue in an appropriate biohazard waste container.
- Tissue is provided without any warranty as to the merchantability or fitness for a particular purpose or any other warranty express or implied.

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Upstate New York Transplant Services, Inc.
 110 Broadway Street
 Buffalo, NY 14203
 (716) 853-6667

Central New York Eye and Tissue Bank
 517 E. Washington Street
 Syracuse, NY 13202
 (315) 476-0199

Date of Application: _____ Name of Principal Investigator: _____

Institution: _____

Department: _____

Address: _____

Phone: _____

Title of Project: _____

Brief Description of Project:(attach an additional sheet if necessary) _____

Organ/Tissue Sample Requirements: _____

Age Criteria: _____ Recovery Time Parameters: _____

Total # of Samples/Donors: _____

Organ/Tissue Preservation Method (fresh, frozen, fixed, etc.): _____

Shipping Method: _____

Inclusion Criteria: _____

Exclusion Criteria: _____

Special Instructions: _____

Are funds available from private or public sources to reimburse UNYTS for expenses incurred in the recovery of organs/tissues? YES NO

If YES – please indicate the source: _____



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How do you wish to be notified when samples are available?

Name of Staff: _____ Phone/Pager #: _____

Only during business hours? YES NO

Daytime – including weekends? YES NO

Any time tissue is recovered? YES NO

Principal Investigator Signature: _____

Approval: _____ Date: _____
 Department Head of Eye/Tissue Services or designee

Approval: _____ Date: _____
 Medical Director for Eye/Tissue Services