Recognizing that the individual repositories constituting the National NeuroAIDS Tissue Consortium must be observant of their local institutional and state regulations, the consortium can only issue broad guidelines for commercial utilization of its specimens. The individual institutions in which the repositories reside are charged with regulatory oversight of the tissue banking operations. Individual tissue banks within the consortium may elect to fulfill or opt out of requests entailing commercial utilization. The NNCTC will neither encourage nor restrict commercial access to its specimens.

If an investigator conducting research with MHBB specimens previously distributed under a not-for-profit application, wishes to switch their utilization to commercial use, he or she must re-submit an application to the MHBB requesting permission for this switch. At that time, the MHBB will have the option of either granting or denying permission for such utilization.

The Manhattan HIV Brain Bank does not, as a general rule, allow for commercial utilization of its specimens or fluids.

Please answer the following question below indicating if your research with MHBB specimens has commercial implications:

Will the specimens you receive from the MHBB be used for any commercial purposes?

Yes / No  Comment:________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

As the Investigator of Record, I understand and agree to the terms specified in the MHBB Commercial Use Policy. I also agree that my disclosure of commercial interests has been accurately reported on this application. If at some point, however, my commercial use status changes, I will promptly inform the MHBB.

Investigator of Record

Print Name:________________________________________

Investigator of Record

Sign Name:________________________________________  Date:___________