



Mount Sinai Lung Utilization Committee
Human Specimen Request Form

User Authorization Request

Principal Investigator's Name:

Principal Investigator's Life Number:

Requester's Name (if not the PI):

Department:

Phone:

Box Number:

Email:

GCO Number:

Date of Expiration:

Funding Source:

Organization (MSSM/External- specify):

Has the protocol been IRB Approved (Y/N):

Type of specimen (tissue, fluid, cytology):

Diagnosis:

Metastasis (Y/N):

Requesting more than one type of specimen (Y/N):

Number of samples (per specimen):

Other request comments:

Please attach the following:

1. CV's for the PI and all personnel that will be authorized to use the specimens.
2. Research summary (no more than 2 pages) that includes:
 - a. A summary of the project for which you will use the human specimen.
 - b. Describes how this project will advance scientific knowledge and lead to external funding.
 - c. Provide an explanation about the sample collection protocol you need.