HUMAN MATERIALS FORM

Instructions

1. This form is for UVic faculty, students and staff who plan to use samples of human materials in their research. You must receive approval from both the UVic Human Research Ethics Board and the UVic Biosafety Committee prior to collecting human materials or receiving human materials.

2. Please attach the completed Human Tissues Form (1 original + 2 photo copies with signature) to your Human Research Ethics Application and submit to the Human Research Ethics Office.

3. Please also forward a copy of the Human Tissues Form (1 copy) via inter-campus mail or regular mail to the Biosafety Committee at the Department of Occupational Health, Safety and Environment.

   Biosafety Committee Contact Information: (250) 472-5478  http://ohs.uvic.ca/

4. Approval for Human Research Ethics is conditional upon approval from the UVic Biosafety Committee.

I) Who is responsible for this research and for the collection and/or receipt of the human samples?

   Principal Investigator (s): ____________________________________________

   Department: _______________________________________________________

   Contact phone number: _______ Email Address: __________________________

   Faculty ☐ Staff ☐ Post-doctoral ☐

   PhD Student ☐ Master’s Student ☐ Undergraduate Student ☐

Project Title (as it appears on the Human Research Ethics Application):

Briefly describe the research:

Provide the names of the research team:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Have the staff and/or students completed a UVic Biological Safety Training course from Occupational Health and Safety and Environment?  □ Yes  □ No (Explain)

Date(s) of completion for UVic Biological Safety Training Course:
__________________________________________________________

Estimated date for completed collection of human materials:

Estimated date for receipt of human materials:  Please explain from whom, where and how.

II) What types of samples are involved in this research?

□ Blood or blood products
□ Primary cells from:  ____ Soft tissue  ____ Bone
□ Hair:  ____ With Root  ____ Without Root
□ Cell lines
□ Saliva
□ Sweat
□ Urine
□ Feces
□ Other body fluids (explain):  ________________________________

III) What is the format of this tissue?

Blood:  □ Fresh, liquid in vacu-tubes?  □ Dried on blotting paper?

Primary cells:  □ Biopsy
□ Autopsy
□ Fresh
□ Fixed
□ Embedded

IV) Risk Factor Check List

Complete this section only if some of your tissue samples are NOT from commercially available cell lines. Answer TO THE BEST OF YOUR KNOWLEDGE.

1. Were these samples originally collected for purposes other than for YOUR research?  
   YES □  NO □

2. Are the identities of participants connected with the samples, and could the information gained from the samples be potentially damaging to participants' finances, employability or reputation?  
   YES □  NO □
3. Are any samples taken from individuals confined in a correctional or detention facility?
   YES ☐ NO ☐

4. Are any samples taken from individuals who may not be legally competent?
   YES ☐ NO ☐

5. Are personal records (medical, academic, etc.) used with identifiers and without written consent?
   YES ☐ NO ☐

6. Will samples obtained from an autopsy be used?
   YES ☐ NO ☐

7. Are any samples collected from pregnant women by design?
   YES ☐ NO ☐

8. Are any samples taken from live fetuses?
   YES ☐ NO ☐

9. Are any samples from persons under 18 years of age?
   YES ☐ NO ☐

10. Are these samples “fixed” (chemically or biologically inactive)?
    YES ☐ NO ☐

11. If samples are unfixed, do you have a Blood Borne Pathogens Exposure Control Plan?
    YES ☐ NO ☐

*If you answered NO to #11, contact Occupational Health, Safety and Environment for further information at ohs@uvic.ca

12. If needed, please provide any additional information.

V) Registration of Biological Materials Form (to UVic Biosafety Committee)

☐ Submitted Date: _______________

☐ Approved Date: _______________

VI) Assurances from Principal Investigator:

The information provided in this form is accurate.

I will obtain approval for and/or report any changes to the procedures for collecting the samples or change to the sample source to both the Human Research Ethics Office and Occupational Health, Safety and Environment prior to proceeding.

Signature __________________________ Print Name: ________________________________

Date: ______________________________

For Biosafety Committee Use Only:

Protocol Number: ________________________________

Biosafety Committee Approval Signature: ________________________________

Date: ______________________________