

Gynecology Tissue Repository

Department of Obstetrics & Gynecology
Baylor College of Medicine

Mission: To act as a repository for clinically well-characterized, high quality specimens suitable for reproductive health research within the Department of Obstetrics & Gynecology and the Baylor College of Medicine (BCM).

Administrative Procedures

1. The BCM-GTR will consider requests for tissue from investigators at Baylor College of Medicine, regardless of their departmental or section affiliations.
2. All requests should be submitted using the attached form, providing general background information, the number and types of specimens required and the dates by which tissue is needed.
3. Our goal is to respond to requests as rapidly as possible. However, please recognize that approvals may take up to a month to complete while their request is being evaluated.
4. All requests must be evaluated by Tissue Allocation Committee prior to their approval. Decisions regarding tissue use are made by majority vote of this committee. Investigators will be notified of TAC decisions by the Principal Investigator for the BCM-GTR. The PI for the BCM-GTR, Matthew L. Anderson, MD, PhD, can be contacted directly with any concerns or questions regarding this process at matthew@bcm.edu.
5. Once approved, appropriate tissue specimens will be dispensed by BCM-GTR personnel along with any de-identified demographic information requested. Only de-identified demographics may be released. Use of identifiable specimens will require special IRB approval. Responsibility for explicitly obtaining this approval is the responsibility of the investigator requesting that information.
6. In cases where decision cannot be reached can be directly reached by TAC, an appeal process can be initiated at the request of the investigator. All appeals will be evaluated by a committee consisting of the PI for the BCM-GTR and the Chairs of the Departments of Obstetrics & Gynecology and Pathology & Immunology (or their designates). Decisions will be made by the majority vote of this second committee with all members participating.

Gynecology Tissue Request

DATE:	
INVESTIGATOR:	
ROOM:	PHONE:
ACCOUNT:	
IRB PROTOCOL#:	DATE REQUIRED:

	<u>Specimen Type</u>	<u>Quantity</u>
1		
2		
3		
4		
5		
6		

Are clinical demographics requested (Yes/No)? If yes, please specify:

1	
2	
3	
4	
5	
6	

Office use only:

Transaction Number:

Please attach a summary abstract (250 words or less), along with a complete copy of the IRB protocol and official approval letter granting permission to work with the requested human tissues along with this completed form. **All requests should be electronically submitted to: GTR.Request@bcm.edu**