**National University Health System**

**Department of Cardiac, Thoracic and Vascular Surgery**

**Cardio-vascular Tissue Bank**

**DSRB Registration Number: NUH/2009-0073**

**Tissue Access Application**

From: Name of Researcher/Principal Investigator

 Designation, Department

 Institution

To: Management Committee of Cardio-vascular Tissue Bank **NUH/2009-0073**

Our research project requires tissue investigation. Application details:

1. Project title: Click to enter text.
2. DSRB study reference number: Click to enter text.
3. Tissue description: Click to enter text.
4. Number of specimen to access: Click to enter text.
5. Abstract of Project:

Click to enter text.

1. List of staff applying for access according to above-stated project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Position/Affiliation** | **Reason for access** | **Remarks**  |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |
| 4. |       |       |       |       |
| 5. |       |       |       |       |
| 6. |       |       |       |       |

1. List of attached documents:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Document**  | **Version number** | **Page numbers** | **Yes** | **No** |
| 1. | DSRB approval letter |       |       |[ ] [ ]
| 2. | DSRB application form |       |       |[ ] [ ]
| 3. | Project protocol |       |       |[ ] [ ]
| 4. | Others, please state:       |       |       |[ ] [ ]

Principal Investigator: Name

|  |  |  |
| --- | --- | --- |
| Signature and Date: |  | Click to enter a date. |