**Application form and proposed Standard Operating Procedure for use of tissue stored in the School of Dentistry Skeletal Tissues Bank**

1. **Application for use of Tissue from the School of Dentistry Skeletal Tissues Bank**

|  |
| --- |
| **Title of Project:** |

|  |
| --- |
| **Application number:** |

|  |
| --- |
| **Lead applicant name:** |

|  |
| --- |
| **Co-applicant name(s) including supervisor(s):** |

|  |
| --- |
| **Can animal samples be used for this research project: YES/NO** |

|  |
| --- |
| **If yes, you are not required to complete an application for the Tissue Bank and must use animal samples** |

|  |
| --- |
| **If no, please justify why human samples are necessary for the study:** |

**Type of tissue samples required:**

BoneTeethOther (please specify)

**Type of teeth and numbers required:**

**Primary teeth (please insert number required in the appropriate box(es) below):**

 Any Molar IncisorCanine

**Permanent teeth (please insert number required in the appropriate box(es) below):**

Molar Premolar Canine Incisor Any

|  |
| --- |
| **Provide further details here if your request is more specific, e.g. third molar teeth:** |

**Condition of teeth:**

Sound Other (please specify**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Provide further details here if required:** |

Fresh Dry

|  |
| --- |
| **If fresh teeth are required, please justify why this is necessary:** |

**Part of tooth required:**

 Pulp Root Crown

|  |
| --- |
| **Will any part of the teeth requested be useable by other researchers?:** |

|  |
| --- |
| **Provide the time period which tissue will be required? (e.g. numbers required per week/month/year):** |

|  |
| --- |
| **Brief summary of your project in lay terms:** |

|  |
| --- |
| **Is this work part of an UG project? If yes, give details:** |

|  |
| --- |
| **Is this work part of a PG project? If yes, give details and title of degree:** |

|  |
| --- |
| **Is it intended that any tissue or parts of tissue (including cells grown on from primary tissue samples) will be sent outside of University of Leeds/Teaching Hospitals NHS Trust? If yes provide a contact name and address (remember to enclose a copy of the signed Tissue Transfer Agreement form if appropriate):** |

**2. Standard Operating procedure for use, storage and disposal of tissue in this project:**

|  |
| --- |
| **Where will the work be carried out? (e.g. Department and lab name/room number):** |

|  |
| --- |
| **How will the tissue be stored, including exact location and labelling details (it is expected that all samples are suitably labelled with investigators name, date etc):** |

**How will the tissue be disposed of?**

 Clinical waste Returned to Tissue Bank

|  |
| --- |
| **If disposed by clinical waste, provide details:** |

|  |
| --- |
| **How is the proposed work to be funded?** |

|  |
| --- |
| **How was the work scientifically reviewed? (e.g. details should include name(s) of peer reviewer(s) and/or supervisor(s):** |

**How will the results of the work be disseminated?**

Peer reviewed scientific journals Conference presentation

 Internal report No plans to disseminate results

 Other

|  |
| --- |
| **Provide additional details here:** |

**Please ensure you attach a Protocol of your research study which includes a brief description of the proposed work, highlighting the aims, objectives and methods that will be used.**

**I have enclosed the following documents where required (please tick which documents are being enclosed):**

Completed Tissue Bank application form

 Protocol

Tissue Transfer Agreement (if material is to be sent outside of the University of Leeds/Leeds Teaching Hospitals NHS Trust)

**I confirm that the proposed work meets with the requirements of the Leeds Skeletal Tissue Bank Policy and that the tissue released under the remit of this SOP will be used for no other purpose.**

Lead applicant (print name): …………………………………………………………...

Signature: …………………………………………………………………………………….

Date: ……………………………………………………………………………………………

Supervisor approval:

Supervisor (print name): ……………………………………………………………..

Signature: ...……………………………………………………………………………………

Date: ……………………………………………………………………………………………