

**INVESTIGATOR ASSURANCES** (Please acknowledge each item by checking the box)

**1. Human Subjects Protection**

- ☐ The recipient acknowledges that the conditions for use of this research material are in accordance with the Department of Health and Human Services regulations as described in 45 CFR Part 46, including Institutional Review Board (IRB) approval, as applicable.
- ☐ The recipient agrees to abide by the terms and conditions set forth by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and the Standards for Privacy of Individually Identifiable Health Information as set forth in 45 CFR Part 160 and 164.

**2. Use of Biological Samples**

- ☐ The recipient agrees to comply with the terms of the *CReATe Material Transfer Agreement (MTA)*, which can be downloaded from the CReATe Biorepository website (<https://create.rarediseasesnetwork.org/biorepository>). A signed copy of the MTA must be returned to [CReATeBiorepository@miami.edu](mailto:CReATeBiorepository@miami.edu) along with this sample request form.
- ☐ The recipient certifies that the biological specimens requested/received will only be used in the investigator's laboratory and for the purpose described in this application.
- ☐ At the completion of the project, the recipient agrees to destroy any unused biological specimens, and to inform CReATe as such in writing by submitting the signed *CReATe Biospecimen Disposal Verification Form* (which CReATe will provide) to [CReATeBiorepository@miami.edu](mailto:CReATeBiorepository@miami.edu). Alternatively, if residual specimens are to be used for a purpose other than what's specified in this form, a written request must first be made to CReATe at [CReATeBiorepository@miami.edu](mailto:CReATeBiorepository@miami.edu).

**3. Publications**

- ☐ The recipient agrees to acknowledge support from CReATe in publications and presentations using the following language:

*The CReATe Consortium (U54 NS092091) is part of the Rare Diseases Clinical Research Network (RDCRN), an initiative of the Office of Rare Diseases Research (ORDR), National Center for Advancing Translational Sciences (NCATS). CReATe is funded through collaboration between NCATS and the National Institute of Neurological Disorders and Stroke (NINDS). Supplementary support for the CReATe Biorepository was received from the ALS Association (Grant ID 16-TACL-242). We would also like to acknowledge the staff and support of the CReATe Biorepository, which is operated by the John P. Hussman Institute for Human Genomics Biorepository Facility at the University of Miami Miller School of Medicine.*

- ☐ The recipient agrees to provide a PDF of any publication that relies upon the use of these biological samples, and to provide an annual update on publications, funded grants and other research accomplishments attained using these samples (so CReATe may report this information to NIH).

**CHARGES** (Please acknowledge the following by checking the box)

☐ Recipient agrees to cover the following costs:

	<b>Academic</b>	<b>Industry</b>
Admin fee	\$500	\$1,500
Serum	\$15	\$50
Plasma	\$15	\$50
Urine	\$15	\$50
CSF	\$40	\$100
DNA	\$40	\$90
RNA	**	**
PBMC	**	**

- \*\*Additional pass-through costs that may be associated with special requests (e.g. RNA isolation or lymphoblast transformation and regrowth)
- Shipping costs (FedEx, dry ice, etc.)

Please make checks payable to “**University of Miami**” and mail to:

CReATe Consortium (c/o Dr. Michael Benatar)  
1120 NW 14th Street, Room 1318  
Miami, FL 33136

Please notify us via email at [CReATeBiorepository@miami.edu](mailto:CReATeBiorepository@miami.edu) when a check has been sent.

**INVESTIGATOR SIGNATURE**

Name (signed): \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form, along with the Sample Request Form, to: [CReATeBiorepository@miami.edu](mailto:CReATeBiorepository@miami.edu)

**FOR INTERNAL USE ONLY**

Request ID: \_\_\_\_\_