NDRI
Empowering Research and Discovery

HTORR-Pilot Award Program
Requested Tissue Information Form

APPLICANT INFORMATION

Applicant:		**Position/Title:**	
Degree:	☐ PhD ☐ MD ☐ Other:	**Degree year:**	
Institution:		**Department:**	
Phone Number:		**Email Address:**	
Have you previously worked with NDRI or HTORR?	☐ Yes ☐ No		
Have you previously applied to the HTORR Pilot Award Program?	☐ Yes ☐ No		

HOW DID YOU HEAR ABOUT THE HTORR PILOT AWARD PROGRAM? (MULTIPE OPTIONS CAN BE SELECTED)

☐ Email	☐ Conference: _____	☐ Web Search
☐ NDRI Website	☐ Colleague: _____	☐ Publication (PMID): _____
☐ Social Media	☐ Previous NDRI Researcher: _____	☐ Other: _____

PROJECT INFORMATION

Project Title:

Public Health Relevance Statement (50 words or less):

Short Project Description (150 words or less):

Research Area:		**Do you currently have funding?**	☐ Yes ☐ No	**If yes, what is your primary source of funding?**	
Current NIH funding institute (if applicable):					
Proposed NIH Institute: *Applicant must propose to submit a future grant application to at least one of the HTORR co-funding institutes utilizing data generated from the PAP Award.*	☐ NIAID	☐ ORIP	☐ NHLBI		
	☐ NEI	☐ NIDDK	☐ NIAMS		

REQUESTED BIOSPECIMENS

Tissue Type	Disease State (or Normal)	Sample Size *(whole/g/cm)*

If you are requesting more than one tissue type, do you require that all types are recovered from the same donor? ☐ Yes ☐ No

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PROCUREMENT FREQUENCY

Per tissue type, how many donors and specimens will you be requesting? (**Awards cover costs associated with up to ~10 samples total**)	Donors: _____	Specimens per donor: _____

PRESERVATION

Fresh (4°C)	☐ DMEM with antibiotics	☐ PBS with antibiotics	☐ UW/SPS-1 or HTK *(low-PMI donors only)*
	☐ Optisol *(ocular only)*	☐ Moist Chamber *(ocular only)*	☐ Researcher Supplied Media (specify): _____
Frozen (80°C)	☐ Fresh-Frozen	☐ Snap Frozen	☐ Frozen in OCT
Fixed	☐ 10% Formalin	☐ Formalin Fixed Paraffin Embedded (FFPE)	☐ Researcher Supplied Media (specify): _____

If you are requesting more than one preservation method, will you require both methods per donor? ☐ Yes ☐ No

RECOVERY INFORMATION

Donor Stream Preferences including Post-Mortem Interval (PMI) before recovery & Hours Post to Delivery interval (HPD, only for fresh recoveries)

☐ Surgical Discard PMI < 6 hours HPD < 24 hours	☐ Organ Donor PMI < 6 hours HPD 24*-36*	☐ Tissue Donor PMI 14-24 hours HPD 36*-72 hours	☐ No Preference

Do you have any additional procurement or preservation requests?

REQUESTED DONOR CRITERIA

Age Range: *Minimum* to *Maximum*	**Race:** ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ No Preference ☐ Other (specify): _____		**Sex:** ☐ Male ☐ Female ☐ No Preference
Will you require infectious disease testing for HIV, Hepatitis B, and Hepatitis C?	☐ Yes ☐ No		
Are Increased Risk donors acceptable?	☐ Yes ☐ No	If no, indicate whether a high-risk donor would be acceptable if:	☐ Infectious Disease Negative ☐ Med/Social History Available ☐ Never Acceptable
Is sepsis acceptable?	☐ Yes ☐ No		
Is a history of cancer acceptable?	☐ Yes ☐ No	If only certain cancer types are **unacceptable**, please notate those types here:	
Is a history of chemotherapy acceptable?	☐ Yes ☐ No	If yes, are there restrictions on time since last treatment?	
Is a history of radiation acceptable?	☐ Yes ☐ No	If yes, are there restrictions on time since last treatment?	
	If acceptable with site-specific restrictions, indicate unacceptable areas:	☐ Head/Neck ☐ Arms ☐ Torso ☐ Legs	
Is a history of tobacco use acceptable?	☐ Yes ☐ No ☐ Required		
Is a history of alcohol use acceptable?	☐ Yes ☐ No ☐ Required		
Is a history of illicit drug use acceptable?	☐ Yes ☐ No ☐ Required		
Are there medications that would make a donor unacceptable for your research?	☐ Yes ☐ No	If yes, list **unacceptable** medications:	
Are there comorbidities/co-infections that would make a donor unacceptable for your research?	☐ Yes ☐ No	If yes, list **unacceptable** diseases:	