NDRI
Empowering Research and Discovery

FEASIBILITY APPLICATION

PRINCIPAL INVESTIGATOR

Principal Investigator:		Position/Title:	
Degree:	☐ PhD ☐ MD ☐ MS ☐ BS ☐ Other:		
Institution:		Department:	
Phone Number:		Email Address:	
Have you previously worked with NDRI?	☐ Yes ☐ No		

SHIPPING ADDRESS

Contact Name:				Institution:	
Phone Number:				Email Address:	
Street:					
Building/Room:		Department:			
City:		State:		ZIP:	Country:

PRIMARY PROJECT CONTACT *(if different from PI and shipping contact)*

Contact Name:		Email Address:	
Work Phone:		Lab Phone:	
Mobile Phone:		Home Phone:	
Best 1st phone:	☐ Mobile ☐ Work ☐ Home ☐ Lab	Best 2nd phone:	☐ Mobile ☐ Work ☐ Home ☐ Lab

HOW DID YOU HEAR ABOUT NDRI?

☐ 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):

Research Area:		Do you currently have funding for this project?	☐ Yes ☐ No	Will you require a letter of support?	☐ Yes ☐ No
What is your primary funding source?				NIH Institute (if applicable):	
Name any additional sources of funding:					

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 tissues are recovered from the same donor? ☐ Yes ☐ No

NDRI
Empowering Research and Discovery

FEASIBILITY APPLICATION

PROCUREMENT FREQUENCY

Per tissue type, how many donors or specimens will you be requesting?	☐ Donors: _____	☐ Specimens: _____
Per tissue type, what is the **maximum** frequency at which you can receive specimens?	_____ ☐ Per Day ☐ Per Week ☐ Per Month ☐ Any Frequency	
Indicate any days you are **ABLE** to accept deliveries, including weekends:	☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun	

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) & Hours Post to Delivery interval (HPD, for fresh samples).
**Requires the use of a stat courier*

☐ 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:	