

University of Pennsylvania School of Medicine
The Institute for Diabetes, Obesity, and Metabolism

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Human Metabolic Tissue Bank
Recipient Investigator Agreement
IRB # 824825

Recipient Investigator:

Name	
Department/Division	
Campus Address	
Email	
Phone	

AGREEMENT

I, _____, am hereby
(Name of Recipient Investigator)

requesting the following adipose specimens from the HMTB:

(Describe the type of sample, amount of each sample, total number of each sample, and other comments):

The recipient is aware that no personally identifying information pertinent to the tissue will be provided. Recipient acknowledges that the conditions for use of this research material are governed by the Penn IRB in accordance with Department of Health and Human Services regulations at 45 CFR 46. Recipient agrees to comply fully with all such conditions and to report promptly to the principal investigator listed on page one of this form any proposed changes in the research project and any unanticipated problems involving risks to subjects or others. Recipient remains subject to applicable State or local laws or regulations and institutional policies which provide additional protections for human subjects. This research material may only be utilized in accordance with the conditions stipulated by the Penn IRB. Any additional use of this material requires prior review and approval by the IRB and, where applicable OHRP-approved assurance.

Signature of Recipient Investigator

Date

Recipient Investigator Printed Name

Date

Signature of Penn HMTB Representative

Date

Penn HMTB Representative Printed Name

Date