

Drexel University College of Medicine Tissue Procurement Facility Agreement

I. Agreement for use of tissue provided by MCP-Hahnemann Tissue Procurement Facility (TPF).

I now agree that the tissues to be provided by the TPF will be used for research purposes only. Tissues and their products shall not be sold, nor will tissues be distributed further to third parties for purposes of sale or producing for sale, cells or cell products. The tissues are provided as a service to the research community without warranty or merchantability of fitness for a particular purpose or any other warranty, express or implied.

II. Tissues of Human Origin Agreement

I understand that although the TPF attempts to avoid supplying tissues contaminated with infectious agents, all tissues should be handled as if potentially infectious. The TPF accepts no responsibility for any injury (including death), damage or loss that may arise either directly or indirectly from their use. I assume all risks and responsibilities in connection with the receipt, handling, storage and use of tissues. I, as the investigator receiving these tissues, also assume full responsibility for informing and training all personnel in the dangers and procedure for safe handling of these and all other human tissues. I further agree to indemnify and hold harmless the TPF from any claims, costs, damages or expenses resulting from injury (including death), damage or loss that may arise from the use of the tissues provided by the TPF.

III. Acknowledgement of Agreement

I now agree to acknowledge the contribution of the TPF in all publications resulting from the use of these tissues. This acknowledgement consists of recognition of the grant-funding source, the TPF as the source of tissue, cell lines or tissue products extracts. Co-authorship should be considered when substantial collaborative interactions occur. By my signature I agree to the terms set forth in agreements I-III above and I warrant and represent that I am authorized to sign documents on behalf of the institution that employs me and that my signature binds the institution.

Typed or Print Name

Institution/Division or Department

Signature

Date