## **Human and Vertebrate Animal Tissue Form (6B)**

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. **All projects using any tissue listed above must also complete Form 6A.** 

Student's Name(s)		
Title of Project		
To be completed by Student Re	searcher(s):	
<ul> <li>1. What vertebrate animal tissue will</li> <li>□ Fresh or frozen tissue sam</li> <li>□ Fresh organ or other body</li> <li>□ Blood</li> <li>□ Body fluids</li> <li>□ Primary cell/tissue culture</li> <li>□ Human or other primate estate</li> </ul>	ple part s	that apply.
2. Where will the above tissue(s) be obtained? If using an established cell line include source and catalog number.		
	e name of the research institu	conducted at a research institution attach a copy of ution, the title of the study, the IACUC approval num-
To be completed by the Qualified Scientist or Designated Supervisor:  ☐ I verify that the student will work solely with organs, tissues, cultures or cells that will be supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they were euthanized for a purpose other than the student's research.  AND/OR  ☐ I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.		
Printed Name	Signature	Date of Approval (mm/dd/yy) (Must be prior to experimentation.)
Title		Phone/Email
Institution		