DCTD Tumor Rep	DCTD Tumor Repository - NCI Request Form	
Effective Date:	10-15-2021	Page 1 of 2

DCTD Tumor Repository NCI Investigator Request Form

Type all information and email completed documentation in a single e-mail to:

DCTDTumorRepository@mail.nih.gov

Section 1: Shipping Information

PI Name:	PI Phone:	PI E-mail:
Name of Institute:	I	1
Shipping Contact:	Shipping Contact Phone:	Shipping Contact E-mail:
Shipping Address:		
Method of Shipping:		
	ry to NIH Campus in Bethesda and	Rockville)
	Jelivery to NCI-Frederick/FNLCR (

Section 2: Samples Requested: The DCTD Tumor Repository only distributes 1 vial of each material per requestor.

	Name	Type: Frag., Cell line, brei	Sample/Lot # (<i>Repository Use Only</i>)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



Division of Cancer Treatment and Diagnosis (DCTD) Tumor Repository

DCTD Tumor Rep	ository - NCI Request Form	
Effective Date:	10-15-2021	Page 2 of 2

Section 3: Research Project Description (Required)

A brief description (2-3 sentences) of the project the research materials will be used in				

Section 4: Terms

By accepting the requested Research Material the NIH employee agrees that:

- The Research Material is not for use in human beings.
- The Research Material is for research use only and not for commercial purposes.
- The Research Material is not to be distributed to any outside (NIH) party.

The Research Material represents a significant investment on the part of the Division of Cancer Treatment and Diagnosis (DCTD), NCI. The recipient investigator therefore agrees to retain control over this Research Material and further agrees not to transfer the Research Material to other NIH people not under her or his direct supervision, without advance written approval of the DCTD Tumor Repository. Furthermore, the investigator acknowledges this is not a readily renewed resource and therefore agrees to prepare and maintain his/her own stocks of material for future use as the DCTD Tumor Repository does not have the resources to replace previously supplied materials.

Acknowledged by:

Recipient Investigator's Signature

Date



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