

**Human Specimen Single User Agreement: Mount Sinai Biorepository
Cooperative (MSBC)**

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

As the investigator, I understand that the MSBC, a program of the Mount Sinai School of Medicine, has disbursed human tissue to me for research purposes only. The MSBC disburses tissues intended to expand scientific knowledge in the published public domain. I acknowledge that this specimen has been disbursed for my express use only, that I will exercise a good faith effort to keep control over such specimen, and that I will not distribute any samples or fractions of samples to other investigators without the express permission of the MSBC. Furthermore, I will adhere to the uses stipulated in my original application to the MSBC.

I acknowledge that providing any amount of tissue sample to colleagues, other investigators, or other laboratory facilities is specifically prohibited without written permission from the MSBC. I will direct all such requests for tissue inquires to the MSBC.

Investigator
Print Name: _____

Investigator's
Signature: _____

Date: _____

**Mount Sinai Biorepository Cooperative Acknowledgment
Agreement**

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

As the Investigator, I agree to provide specific acknowledgment of the MSBC in any publication related to the use of this tissue sample. Specific citation of the contribution of the MSBC will be included in both the Materials and Methods section and the Acknowledgment section of the manuscript.

Investigator
Print Name: _____

Investigator's
Signature: _____

Date: _____