# TISSUE BANK INFORMATION

Funded by the National Institutes of Health (NIH) Eunice Shrive National Institute for Human Health and Development (NICHD), the Specialized Cooperative Centers Program in Reproduction and Infertility Research (SCCPIR) Human Endometrial Tissue and DNA Bank at the University of California, San Francisco (UCSF) serves as a repository of human endometrial tissue and blood samples made available to SCCPIR investigators, NIH-supported investigators in North America, NIH intramural investigators, and their collaborators for use in research on endometrial biology and related disorders having an impact on female reproductive function. Samples procured by the Tissue Bank are obtained after written informed consent under an approved protocol by the UCSF Committee on Human Research, in compliance with human subjects protection, HIPAA, from subjects undergoing procedures for non-malignant gynecologic conditions and from healthy donors. All samples are anonymized such that no identifiers link the sample to the subject. Specimens are obtained according to Standard Operating Procedures (SOP)[[1]](#footnote-1) for collection, processing and storage of subject samples, rigorous biobanking protocols, encrypted electronic databases, and extensive subject/sample annotation.

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# REQUEST FORM

# PROJECT INFORMATION

Please provide the following information regarding the study for which you are requesting samples from the Tissue Bank.

## INVESTIGATOR

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | | | |
| First Name: | |  | | | | |
| Title: | |  | | | | |
| Department: | |  | | | | |
| Institution: | |  | | | | |
| Street Address: | |  | | | | |
| Building/Room #: | |  | | | | |
| City: | |  | | | | |
| State/Zip: | |  | | | | |
| Phone: | |  | | Fax: |  |
| email: | |  |  | | |

## FUNDING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Title: | |  | | |
| Source of Support: | |  | | |
| Grant Number: | |  |  |

## INSTITUTIONAL REVIEW BOARD (IRB) APROVAL

|  |  |  |
| --- | --- | --- |
| Institution: |  | |
| Study Title: |  | |
| Protocol Number: |  |  |
| Expiration Date: |  |  |

## PROJECT DESCRIPTION

|  |  |
| --- | --- |
| Project Title: |  |
| Project Summary: |  |

# SAMPLE INFORMATION:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIMENS: Indicate Type and Number of Specimens Requested** | | | | | | | | | | |
| **Frozen/Fixed Endometrial Tissue** | **Proliferative Phase** | | **Early Secretory Phase** | | **Mid Secretory Phase** | | **Total** | | | |
| Frozen (for RNA isolation) |  | |  | |  | |  | | |  |
| Paraffin-embedded (full thickness) |  | |  | |  | |  | | |  |
| Paraffin-embedded (biopsy) |  | |  | |  | |  | | |  |
| OCT-embedded frozen (full thickness) |  | |  | |  | |  | | |  |
| OCT-embedded frozen (biopsy) |  | |  | |  | |  | | |  |
| **Fresh Endometrial Tissue** | **Phase not defined at the time of tissue collection** | | | | | | **Total** | | | |
| Distributed the day of tissue collection based on availability |  | | | | | |  | | |  |
| **Serum/Plasma** | **Proliferative Phase** | | **Early Secretory Phase** | | **Mid Secretory Phase** | | **Total** | | | |
| Serum |  |  | |  | | |  | |  | |
| Plasma |  |  | |  | | |  | |  | |
| **Subject Matched to Endometrial Tissue?**!Unexpected End of Formula | YES | | | | | NO | | | | |
| **Endometriosis Lesions** | **Ovarian** | | **Peritoneal** | | **Other (specify)** | | | **Total** | | |
| Frozen (for RNA isolation) |  |  | |  | | | |  |  | |
| Paraffin-embedded |  |  | |  | | | |  |  | |
| OCT-embedded frozen |  |  | |  | | | |  |  | |
| **Subject Matched to Endometrial Tissue?**!Unexpected End of Formula | YES | | | | | NO | | | | |
|  | | | | | | | | | | |
| SUBJECTS: Indicate Applicable/Non-Applicable (N/A) Inclusion/Exclusion Criteria (specify included numbers) | | | | | | | | | | |
| **Clinical** | **Include** | **Exclude** | | **N/A** | | | Total Included | | | |
| No Endometriosis & No Uterine Pathology |  |  | |  | | |  | |  | |
| No Endometriosis |  |  | |  | | |  | |  | |
| No Uterine Pathology |  |  | |  | | |  | |  | |
| Endometriosis (any Stage) |  |  | |  | | |  | |  | |
| Endometriosis (Stage I/II) |  |  | |  | | |  | |  | |
| Endometriosis (Stage III/IV) |  |  | |  | | |  | |  | |
| Fibroids |  |  | |  | | |  | |  | |
| Adenomyosis |  |  | |  | | |  | |  | |
| Polyp |  |  | |  | | |  | |  | |
| Prolapse |  |  | |  | | |  | |  | |
| Irregular menses/uterine bleeding |  |  | |  | | |  | |  | |
| Oral contraceptives (OCP) prior 3 months |  |  | |  | | |  | |  | |
| Hormonal therapy (other than OCP) prior 3 months |  |  | |  | | |  | |  | |
| Other medication (specify) |  |  | |  | | |  | |  | |
| **Age** | **Min** | **Max** | | **N/A** | | | Total | | | |
| Indicate age range |  |  | |  | | |  | |  | |
| Indicate age range |  |  | |  | | |  | |  | |
| **Ethnicity** | **Include** | **Exclude** | | **N/A** | | | Total Included | | | |
| American Indian or Alaska Native |  |  | |  | | |  | |  | |
| Asian |  |  | |  | | |  | |  | |
| Black or African American |  |  | |  | | |  | |  | |
| Native Hawaiian or Other Pacific Islander |  |  | |  | | |  | |  | |
| Hispanic |  |  | |  | | |  | |  | |
| White (non-Hispanic) |  |  | |  | | |  | |  | |

# RECIPIENT INFORMATION

## Campus Address

|  |  |
| --- | --- |
| Street Address: |  |
| Building/Room #: |  |

## Contact

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | | | |
| First Name: | |  | | | | |
| Title: | |  | | | | |
| Phone: | |  | | Fax: |  |
| email: | |  |  | | |

# SAMPLE DISTRIBUTION

All samples will be held for pickup at HSW 1695

# INVESTIGATOR AGREEMENT

The investigator requesting sample(s) from the NIH SCCPIR Human Endometrial Tissue and DNA Bank at UCSF agrees that the sample(s) will be used only for the research specified in this request form; that the sample(s) and any derived products shall not be redistributed or sold to other parties, nor used to produce commercial products (including but not limited to production of cells or cell products for sale).

The investigator acknowledges that the human biological samples received from the NIH SCCPIR Human Endometrial Tissue and DNA Bank at UCSF are to be handled as potentially infectious, and agrees to follow all applicable regulations and procedures for the safe handling of these samples.

Recipients of samples from the NIH SCCPIR Endometrial Tissue Bank and DNA Bank National at UCSF agree to acknowledge the contribution of the bank in all publications resulting from the use of such samples. The following wording should be used for the acknowledgement: *Tissue samples were provided by the NIH SCCPIR Human Endometrial Tissue Bank and DNA Bank at UCSF, funded under NIH HD055764-06.*

Name of investigator

Signature of investigator

Date

1. Sheldon E, Vo KC, McIntire RA, Aghajanova L, Zelenko Z, Irwin JC, Giudice LC. Biobanking human endometrial tissue and blood specimens: standard operating procedure and importance to reproductive biology research and diagnostic development. Fertil Steril. 2011;95(6):2120-2. [↑](#footnote-ref-1)