**Application Form for Request for Review by the Scientific Ethics Committee (SEC):**

**For the proposed use of Human Fetal Tissue (HFT)**

**by researchers at the University of Colorado Denver**

To ensure adherence to ethical standards and social norms for research projects that are not required to undergo scientific and/or regulatory review in accordance with federal or state regulations, the Scientific Ethics Committee has been established.

The SEC has adapted the NIH guidelines which apply specifically to hESCs more broadly so that UCD expects that research conducted with any human fetal and / or embryonic tissue meet these same ethical standards, regardless of tissue type.

**Documents to be submitted with this application form:**

* + Protocol or summary of research to be conducted
	+ Copy of the consent form used to obtain the HFT or a copy of the completed attestation from if HFT to be provided by an external vendor
	+ Budget for the research project
	+ Copy of SPO if applicable
	+ Copy of draft MTA if applicable
	+ Attestation section of this form completed by PI if applicable

**Name of UCD Researcher/PI of applicable project:**

**Department:**

**Departmental contact info:**

**To assist the Scientific Ethics Committee (SEC) with its review please provide the following information:**

1. Describe the plan to obtain or procure the human fetal tissue or embryonic stem cells:
2. Justify why the research cannot be conducted without use of this tissue:
3. Describe why this research is important and how it will advance this field of science:
4. Describe who will conduct the various components of the study and document how each individual has the appropriate expertise to conduct that work:
5. Provide additional information as needed regarding any limitations relating to the budget and describe how these will be overcome:
6. Provide the data points of personal and/or clinical information that will accompany the HFT
7. Describe where the samples will be stored and who will have access to them.
8. Describe the plan for disposal of the tissue once the research is completed:

**Completed by:**

**Date:**

**PI’s Attestation section of the application**

(***If HFT is to be provided*** *to any faculty, employees or staff of UCD* ***from an outside entity****, prior to procurement an authorized individual from that entity must attest in writing by completing a separate attestation form which must be included with this application.*)

**If HFT is to be provided or procured by faculty, employees or staff of UCD then please attest to the following** (please check all applicable boxes):

[ ] The embryos are not created for research purposes

[ ]  The decision to donate embryos and / or fetal tissue was voluntary and not coerced

[ ]  Embryos and / or fetal tissue were not created or donated for donor's personal gain/agenda

[ ]  Donors were aware of the implications of donating embryos and / or fetal tissue

[ ]  UCD funds will not lead to the destruction of embryos or fetuses

[ ]  No payments and/or valuable consideration were made to any third party for the conduct of, inducement of, or the product of an abortion, including without limitation any parent(s) of any unborn fetus. Valuable consideration includes money, gifts in lieu of money, barter arrangements or exchange of services that do not constitute reasonable payment associated with the transportation, implantation, processing, preservation, quality control or storage of human fetal tissue.

[ ]  None of the tissue provided has been or will be obtained from any Planned Parenthood

I also attest that:

* I will be conducting research that uses human fetal tissue as described in the attached protocol, and
* I am aware of and will comply with the relevant legal and UCD policy requirements governing the procurement and distribution of HFT.

**Typed or legibly printed name of signatory below (required):**

**UCD Researcher Signature: Date:**