

## Checklist

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Name: \_\_\_\_\_

IC: \_\_\_\_\_

Date: \_\_\_\_\_

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1.  De-identified HFT-OHSRP determination
2.  HFT with Identifiers -IRB Review
3.  Attestation I or  Attestation II
4. Documentation required to acquire HFT:
  - a.  Attestations provided to Purchasing agent?
  - b.  Documentation from Commercial supplier of tissue
  - c.  Collaboration-Using MTA with appropriate language
  - d.  Collaboration: Using Collaborative Agreement with appropriate language
5.  Attestations submitted to SD?
6.  All Documents submitted to IRP Compliance Officer?
7.  Box checked on Annual report verifying use of HFT?