

NUMBER

DATE

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PI Name:

IRBB#:

Satisfaction of Requirements of 17 CCR 100085: (All must be checked.)**In signing this document, the treating physician attests that they have:** ¹

	Obtained the tissue in accordance with the donor's signed statement. In the case of tissue obtained pursuant to an induced abortion, the physician also states that they:
	<input type="checkbox"/> Obtained the donor's consent for the abortion before requesting or obtaining consent for the tissue to be used for research
	<input type="checkbox"/> Did not alter the timing, method, or procedures used to terminate the pregnancy solely for the purpose of obtaining the tissue for research
	<input type="checkbox"/> Performed the abortion in accordance with applicable law
<input type="checkbox"/> Disclosed to the donor any financial interest that the attending physician has in the research to be conducted with the tissue	
<input type="checkbox"/> Disclosed any known medical risks to the donor or risks to the donor's privacy that might be associated with the donation of the tissue and that are in addition to risks of such type that are associated with the donor's medical care	

Treating Physician statement provided in alternative format: Yes No

Signature of Treating Physician (if "Yes" is not selected above):

Date:

X

In signing this document, the principal investigator of the research project attests to the following:

The person who donates the fetal tissue will sign a statement declaring:	
<input type="checkbox"/>	That the donation is being made for research purposes
<input type="checkbox"/>	That the donation is made without any restriction regarding who may be the recipient(s) of materials derived from the tissue
The PI further attests that they:	
<input type="checkbox"/>	Are aware that the tissue is human fetal tissue obtained in a spontaneous or induced abortion or pursuant to a stillbirth
<input type="checkbox"/>	Are aware that the tissue was donated for research purposes
<input type="checkbox"/>	Have provided such information to other individuals with responsibilities regarding the research [i.e. the study team members using this tissue];
<input type="checkbox"/>	Had no part in any decisions as to the timing, method, or procedures used to terminate the pregnancy
<input type="checkbox"/>	Are not the donor's attending physician

Signature of PI:

Date:

X

¹ The treating physician may provide a signed statement in a format other than this checklist. In an alternative format, the treating physician must attest to the same elements in this checklist. The PI must use this checklist.